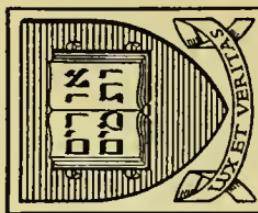


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PROCEEDINGS
OF THE
CONNECTICUT
STATE MEDICAL SOCIETY

1922

130th ANNUAL CONVENTION

HELD AT

BRIDGEPORT, MAY 17th and 18th, 1922.

EDITOR

CHARLES WILLIAMS COMFORT, JR.

PUBLISHED BY THE SOCIETY

PRINTED, SEPTEMBER, 1922

The Connecticut State Medical Society does not hold itself responsible for the opinions contained in any article unless such opinions are indorsed by special vote. All communications intended for the Connecticut State Medical Society should be addressed to the secretary, Charles W. Comfort, Jr., M.D., 27 Elm Street, New Haven, Conn.

The next annual meeting of the Connecticut State Medical Society will be held in New Haven, May 23d and 24th, 1923.

The next semi-annual meeting of the Connecticut State Medical Society will be held in conjunction with that of the Windham County Medical Association, October 19th, 1922.

Any member desirous of presenting a paper before the Society should communicate such fact to the Secretary on or before August first for the Semi-annual Meeting, and on or before December first for the Annual Meeting.

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PROCEEDINGS

MINUTES OF THE HOUSE OF DELEGATES

FIRST SESSION.

The first meeting of the House of Delegates was held at the Welfare Building, Bridgeport, on Wednesday, May 18, 1922, at 9.15 A. M., Standard Time. Roll of Officers and Delegates was as follows:

President, Charles C. Godfrey; Treasurer, Phineas H. Ingalls; Secretary, Charles W. Comfort, Jr.; Councilors: Fairfield County—Frank W. Stevens; Hartford County—Walter R. Steiner; Litchfield County—Elias Pratt; Middlesex County—Charles E. Bush; New Haven County—William H. Carmalt; New London County—Charles C. Gildersleeve; Windham County—Seldom B. Overlock; Absent: Tolland County—Thomas F. Rockwell. Delegates: Fairfield County—D. C. Brown, J. A. Clarke, S. M. Garlick, J. D. Gold, F. C. Hyde, C. J. Leverty, J. R. Topping; Hartford County—C. D. Alton, A. W. Branion, J. R. Miller, D. DeC. Y. Moore, M. J. Morrissey, F. J. O'Brien, W. N. Thompson. Absent: G. H. Bodley; Litchfield County—H. B. Hanchett, E. R. Kelsey; Middlesex County—J. H. Kingman, J. F. Calef; New Haven County—C. Barker, E. T. Bradstreet, B. A. Cheney, S. J. Goldberg, F. G. Graves, J. E. Lane, R. A. McDonnell, F. H. Wheeler. Absent: C. H. Brown, E. T. Sharpe, H. Thoms; New London County—A. C. Freeman. Absent: E. K. Devitt, J. G. Stanton; Tolland County—W. L. Higgins; Windham County—F. M. Smith. Absent: G. M. Burroughs.

REPORT OF THE PRESIDENT.

DR. CHARLES C. GODFREY, Bridgeport.

The affairs of the Connecticut State Medical Society have progressed in their usual way during the past year, and nothing of special interest has occurred that requires extended notice. The President's report therefore, will be brief:—

I had planned to attend at least one meeting in each county during the year. Owing to the fact two counties failed to send notice of their fall meetings, and that one of these counties sent notice of the spring meeting so late that it was impossible to attend, limited my visits to seven counties. An unfortunate delay in the mails caused the notice of the semi-annual meeting of this Society with the Litchfield County society, to be received by many members too late to attend.

In order that these conditions may be rectified, I would suggest that the secretaries of the State and County societies be requested to send out notices at least two weeks in advance of their meetings; and that the County secretaries include the names of the officers of the State society in their mailing lists.

It is usual at our meetings to find the familiar faces of those who recognize a duty to their society, their patients, and themselves, by making a special effort to be present. It is noticeable, also, that there are many who rarely if ever attend our meetings. Would it not be well to have a list of these men, and appoint a committee in each County to make a special effort to induce them to be present at the meetings. A habit is easily formed and I feel that in a short time, many of these men will attend voluntarily on account of the benefit they would derive from it. Important matters affecting the welfare of the profession in our State come before the House of Delegates each year. It should, therefore, be impressed upon each delegate that his presence at the meetings of the House of Delegates is essential. There is something radically wrong when, at a meeting, a whole County is without representation as has occurred recently. It is also noticeable that of

the delegates appointed to represent their Counties, at other County meetings, very few attend. This is unfortunate, and should be remedied if possible.

I would suggest that a written report be made by delegates so appointed, to their County society, to be read at the next County meeting together with the names of those who fail to report.

I would especially call attention to Section 2 of Chapter 12 of our by-laws, which prescribes the rule governing admission of members to the County societies. This rule is not being lived up to. I would suggest that this section be printed upon all application blanks, and that the application for admission to the County societies be read in full before a ballot is taken on a candidate.

The County meetings have been exceptionally well attended, and it is a pleasure to report that interest in the work of our society is being more generally realized.

CHARLES C. GODFREY, *President.*

Voted, to accept the report and place it on file.

REPORT OF THE SECRETARY.

DR. CHARLES W. COMFORT, JR., New Haven.

The semi-annual meeting of the Society was held at the Play-House-on-the-Green, Litchfield, Tuesday, October 4, 1921, in conjunction with the semi-annual meeting of the Litchfield County Medical Association. Owing to the loss of the programs in the New Haven post-office and their ultimate delivery on the day of or several days after the day of the meeting, the attendance was meagre and chiefly comprised the Litchfield County members. Following the meeting, a most elaborate supper was served. In the evening, a minstrel show by local ex-service men was presented for the thorough enjoyment of the members present.

The following deaths have been reported since the last annual meeting:

FAIRFIELD COUNTY:

Alvin Elizur Barber, Bethel.
William Badger Coggswell, Stratford.
Sarah Elizabeth Fitch, Sound Beach.
Walter Hitchcock, Norwalk.
James Albert Meek, Norwalk.
George Wakeman Osborn, Bridgeport.
Arthur Scrimgeour, Bridgeport.

HARTFORD COUNTY:

Walter Graham Murphy, Hartford.
Charles Ezra Taft, Hartford.

LITCHFIELD COUNTY:

John Calvin Kendall, Norfolk.

MIDDLESEX COUNTY:

Arthur Joseph Campbell, Middletown.

NEW HAVEN COUNTY:

Edward O'Reilly Maguire, Derby.
Nehemiah Nickerson, Meriden.
Bernard Augustine O'Hara, Waterbury.
William Spencer Russell, Wallingford.

WINDHAM COUNTY:

George Barnes, Killingly.

The following new members have been elected by the component County Associations, and have been enrolled as members of the State Society:

FAIRFIELD COUNTY:

John Grady Boo, Bridgeport.
Edward Nicholas DeWitt, Bridgeport.
Raymond D. Fear, Bridgeport.
Walter Barry Jennings, Stamford.
Berkley Melvin Parmelee, Bridgeport.
Ellwood Carl Weise, Bridgeport.

HARTFORD COUNTY:

Hubert D. Brennan, Bristol.
William Wert Dinsmore, Hartford.

Francis James Faulkner, New Britain.
George Dean Ferguson, Hartford.
Robert Bernard Garland, Hartford.
Arthur Sheldon Grant, New Britain.
Frank Livingstone Grosvenor, Hartford.
William Richard Hanrahan, Bristol.
Frank Harnden, Hartford.
George Cornelius Kane, Hartford.
George Albin Ferdinand Lundberg, South Manchester.
Ralph Augustus Richardson, Bristol.
Benjamin Bissell Robbins, Bristol.
Arthur Felix Roche, Bristol.
George Gardiner Russell, Hartford.
Lewis Albert Sexton, Hartford.
Bernard Spillane, Hartford.
Hartwell Green Thompson, Hartford.

LITCHFIELD COUNTY:

Albert Ewing Childs, Litchfield.

MIDDLESEX COUNTY:

John I. Wiseman, Middletown.
William Emil Wrang, Middletown.

NEW HAVEN COUNTY:

Harold Spencer Colwell, New Haven.
Robert Jay Cook, New Haven.
Cole B. Gibson, Meriden.
James Cowan Greenway, New Haven.
Maurice Hillman, New Haven.
Charles Lewis Larkin, Waterbury.
Henry F. Murray, Jr., New Haven.
George Henry O'Brasky, New Haven.
Edwards A. Park, New Haven.
William Harold Ryder, New Haven.
Jacob Shulansky, New Haven.
J. Alfred Wilson, Meriden.

NEW LONDON COUNTY:

Isadore Hendel, New London.
Charles Kaufman, New London.
Max Moses Teplitz, Norwich.
Helen Barton Todd, New London.

TOLLAND COUNTY:

Ralph Bruce Thayer, Somers.

WINDHAM COUNTY:

John J. Russell, Putnam.

The Society has gained 45 newly elected members and 3 members reinstated, totalling 48. The losses have been: by death, 17; suspended or dropped, chiefly through non-payment of dues, 12; removed, not retaining membership, or resigned, 8; total, 37. Net gain for the year, 11. Total Membership, 1,085. The following table details these changes:

County Associations	Total Membership	New Members	Reinstatements	Died	Suspended, Dropped	Removed, Resigned	Added by Transfer	Gain	Loss
Fairfield County	220	6	0	7	0	5	0	0	6
Hartford County	260	18	3	2	5	0	0	14	0
Litchfield County	65	1	0	1	1	0	0	0	1
Middlesex County	55	2	0	1	1	0	0	0	0
New Haven County	350	12	0	4	5	2	0	1	0
New London County	78	4	0	0	0	0	0	4	0
Tolland County	16	1	0	1	0	0	0	0	0
Windham County	41	1	0	1	0	1	0	0	1
Totals	1,085	45	3	17	12	8	0	19	8

The year just completed has been characterized by quietness and serenity. Few Committees have manifested activity. The Secretary's office has busied itself in systematizing the work in the moth-eaten and questionable effort to be efficient. The medical profession of the State has evidenced the post-war restlessness by verifying the adage "it is cheaper to move than to pay rent"; so extensive has been the migration that a new setting of the type will be necessitated to print the roster of members.

Effort has been made by the Secretary's office to co-operate with the War Department in the enrollment of the medical profession in the Medical Section, Officers' Reserve Corps, United States Army. It is desired to express appreciation to the Secretaries of the County Associations and to the members for their courteous reception to Major W. E. Wilmerding, Medical Corps, United States Army, who has visited and addressed each County Association this spring. The sense of service and sacrifice, so basic and fundamental to the truest ideals of the medical profession, calls for interest and participation on the part of the physicians of Connecticut in aiding the Federal Government to perfect its first really efficient plan for national defense and preparedness.

The Secretary requests consideration of and action by the individual members of the Society, with respect to the following:

1. On change of address, notify the Secretary promptly by means of the customary removal notice, letter, telephone or newspaper advertisement.
2. Report to the Secretary promptly by local newspaper clipping or mail, the death of any member of the Society.
3. The submersion of that innate modesty characterizing the profession, to sufficient extent to allow members to communicate to the Secretary their willingness to present to the Society papers on original or interesting work. The Committee on Scientific Work reserves the right to select the papers to be actually read; but that Committee cannot see the light beneath the bushel.
4. A concerted effort to increase the membership of County Associations and the State Society. There are some six hundred odd physicians in the State at present outside the fold; three hundred odd are eligible for membership and are desirable. Effort to secure their membership should be made.

CHARLES W. COMFORT, JR., *Secretary.*

Voted, to accept the report and place it on file.

REPORT OF THE CHAIRMAN OF THE COUNCIL.

DR. WILLIAM H. CARMALT, New Haven.

Mr. President and Gentlemen of the House of Delegates:

The Council has held three meetings during the current year. The first immediately after the close of the last annual meeting of the State Society on May 19th, 1921, for organization. The councilor for New Haven County was elected Chairman: Drs. Walter R. Steiner and Thomas F. Rockwell were elected Auditors, and the same with the Treasurer, made the Committee on Permanent Funds; the Committee on Publication was re-elected; likewise the Committee on Medical Defense. It was voted to print extra copies of the President's address.

The second meeting was held September 14th, 1921, in conjunction with the Committee on Medical Defense and the Committee on the History of the Medical Profession of Connecticut in the World War. The Chairman of the Committee on Medical Defense, Dr. William R. Miller of Hartford, presented a communication on the matter, which as it had been printed and sent to every member of the State Medical Society it is unnecessary to report here; he further presented for the consideration of the Council, the three following points as the conclusions arrived at by the committee, viz:

1. The Group-Policy of mal-practice insurance as sold by the Aetna Life Insurance Company was approved, considered advisable to be carried by all members in addition to the defense by the Medical Society, and all members were to be urged to so insure themselves with this stated Company.
2. Directions to members, information regarding the operating plans of the Committee, etc., were embodied in a circular letter prepared by Dr. Miller, which letter was intended to be sent out with the notices of the Semi-Annual meeting.
3. Day and Berry, Lawyers, of Hartford, were decided upon by the Committee as Attorneys to care for such cases as required

defense, because not insured by the Aetna. This firm has had considerable experience in suits of a similar type; agreed to defend cases as said cases were brought to it by the Committee and required no retaining fee.

After a full and free discussion by the Council it was voted that the Council endorses the action taken by the Society's Committee on Medical Defense and recommends that the Committee continue its work in conformity with the policies as outlined. It also voted to designate the firm of Day and Berry of Hartford as Attorneys for the Connecticut State Medical Society under the same agreement that the said Attorneys were engaged by the Committee on Medical Defense.

Dr. Frank H. Wheeler, Chairman of the Committee on the History of the Medical Profession of Connecticut in the World War, reported on the work so far carried on and requested the opinion of the Council as to the desirability of continuing the work in view of the time required and the expense to be incurred. After discussion the Council voted that the Committee continue its work and compile as complete a record as possible regardless of time and prepare the accumulated data for publication.

The third meeting of the Council was held on the 29th of April, 1922. The Treasurer made an informal report showing that the dues had been sufficient to pay all current bills, that nothing had been drawn from the invested funds and there was a balance of \$250 remaining in the bank from the collected dues. It was voted to pay from the O. C. Smith fund the dues of five members reported by the Councilors of the respective Counties as unable to pay them.

It was further voted to recommend to the House of Delegates that the dues for the year 1922-3 be \$4.00 per capita. Also to recommend that the next annual meeting be held in New Haven on May 23d and 24th, 1923. Also to recommend that the State Society accept the invitation of the Windham County Medical Association to hold the Semi-Annual meeting in conjunction with its Semi-Annual on October 19th, 1922, the time and place to be designated by the Windham County Association. Also voted to

recommend to the House of Delegates that the Connecticut State Medical Society arrange for an exchange of Delegates to the annual meetings of the Connecticut State Dental Association.

The Secretary reported from Dr. D. Chester Brown, Chairman of the Committee on Requirements for the Practice of Medicine, that Dr. Brown desired an expression of opinion from the Council as to the desirability of continuing the work of drafting a Medical Practice Act for presentation at some future Legislature with details as to procedure by propaganda or otherwise; after full discussion in which all present participated and the President made the valuable suggestion that more might be accomplished by having a small part of the measure passed at a time, such as an Act providing that all practitioners licensed should be able to diagnose and report communicable disease, it was voted that the Committee proceed with the work in such manner as it deemed best, but without consulting in any degree with the State Department of Health.

A communication was received from the Connecticut State Examining Board with regard to Dr. Robert P. Hammie, who is stated to be practicing illegally under a license from the State Department of Health, the complicated details of which are too voluminous to be reported upon twice as they will be reported in full by that Board; but the Council voted that the action of the Examining Board was thoroughly approved and endorsed; that the Secretary prepare a resolution to such effect to be presented to the House of Delegates at its annual meeting for its action, and that a copy of the resolution be sent to the Connecticut State Department of Health.

The following nominations for presentation to the House of Delegates for officers, Delegates and Committees for the year 1922-3 were made, viz:

For President, Dr. David Russell Lyman of Wallingford.

For Vice Presidents, Dr. Samuel Pierson of Stamford and Dr. Frederick Thomas Simpson of Hartford.

For Secretary, Dr. Charles Williams Comfort, Jr., of New Haven.

For Treasurer, Dr. Phineas Henry Ingalls of Hartford.

For Committee on Public Policy and Legislation, Dr. Robert Lee Rowley

of Hartford, Chairman, Dr. Charles Child Gildersleeve of Norwich, Dr. William Henry Donaldson of Fairfield, Dr. Elias Pratt of Torrington, Dr. Charles Jenkins Foote of New Haven, Dr. Clarence Eugene Simonds of Willimantic, Dr. James Murphy of Middletown, Dr. Thomas Francis O'Loughlin of Rockville, the President, the Secretary, the Committee on National Legislation.

For the Committee on Medical Examination and Medical Education, Dr. Seldom Burden Overlock of Pomfret, to succeed himself.

For the Committee on Honorary Degrees, Dr. Charles Burr Graves of New London, Dr. George Blumer of New Haven, Dr. Charles Cartlidge Godfrey of Bridgeport.

For the Committee on Medical Defense, Dr. Frank H. Wheeler of New Haven, to succeed himself.

For the Committee on Hospitals to serve until 1925, Dr. George Blumer of New Haven, Dr. Henry Bertram Lambert of Bridgeport.

For Delegate to the American Medical Association for the term July 1st, 1922 to June 30th, 1924, Dr. Walter Ralph Steiner of Hartford, to succeed himself.

Alternate for same term, Dr. Frank Kirkwood Hallock of Cromwell, to succeed himself.

For Delegates to State Societies for term July 1, 1922 to June 30, 1923:

Maine, Dr. Seldom Burden Overlock.

Massachusetts, Dr. Charles Cartlidge Godfrey.

New Hampshire, Dr. Samuel Middleton Garlick.

New Jersey, Dr. William Henry Donaldson.

Pennsylvania, Dr. William Henry Carmalt.

Rhode Island, Dr. Charles Burr Graves.

Vermont, Dr. Charles Joseph Bartlett.

For Delegates to Special Societies for the term July 1, 1922 to June 30, 1923:

To Connecticut Hospital Association, The Chairman of Committee on Hospitals, Alternate, one other member of that Committee.

For the Connecticut State Dental Association, July 1st, 1922 to June 30, 1923, Dr. Robert Hallock Wright Strang of Bridgeport.

WILLIAM H. CARMALT,

Chairman.

Voted, to accept the report and place it on file.

REPORTS OF THE COUNCILORS.

Fairfield County, Dr. Frank W. Stevens, Bridgeport, Councilor.

Mr. President and Gentlemen of the House of Delegates:

The Fairfield County Medical Association has had a prosperous year and nothing of importance has been required of its Councilor. Two very interesting and instructive meetings were held during the year. The membership last year was 230. This year six were admitted, six died and three were dropped making the membership 227 or a loss of three for the year. The financial condition is good with over \$300.00 in the treasury. The Hospitals throughout the County are functioning normally but are faced with the interne and nursing problems.

The smallpox epidemic in Fairfield county is our most important medical problem. This epidemic started in Bridgeport during December, 1921, and owing to a large unvaccinated population spread rapidly, especially among the school children. This was promptly stopped by vaccination. About 80% of the school children were vaccinated before the Press, Anti-Vaccinationists and Board of Education prevented its further control by issuing anti-vaccination propaganda and failing to support the Health Authorities in their work. The disease was controlled in other towns where there was co-operation between the Health Authorities and the citizens.

The Board of Education of Bridgeport is directly responsible for this present epidemic. It was officially notified at the time it rescinded the rule requiring children to be vaccinated before entering school by the Board of Health and the Bridgeport Medical Society that this epidemic would occur. The Board of Education of Bridgeport will not require children or teachers to be vaccinated. In Bridgeport and vicinity where the Board of Education, Press and Anti-Vaccinationists have created a sentiment against vaccination smallpox still exists. The Bridgeport Press as a whole either condemns the measures of the Health Authorities and prints absolutely untruthful articles or refuses to print

communications on the matter issued by the Publicity Committee of the Bridgeport Medical Society.

Respectfully submitted,

FRANK W. STEVENS, M.D.,

Councilor.

Hartford County, Dr. Walter R. Steiner, Hartford, Councilor.

Mr. President and Gentlemen of the House of Delegates:

The interest aroused among its members by the meetings of the Hartford County Medical Association still continues unabated. The fall meeting was held on November first and papers were then read by Dr. Donald B. Wells of Hartford on "Some Surgical Aspects of Empyema"; by Dr. Walter R. Steiner of Hartford on "Polymyositis with Report of Two Cases"; by Dr. Alfred M. Rowley of Hartford on "The Clinical Significance of Sudden Abdominal Pain" and by Dr. Burton J. Lee of New York on "The Treatment of Recurrent Carcinoma of the Breast." At the spring meeting papers were read by Dr. Arthur B. Landry of Hartford on "The Treatment of Chronic Nephritis"; by Dr. Henry F. Stoll of Hartford on "The Value of Basal Metabolism Determination in the Diagnosis and Treatment of Hyperthyroidism"; by Dr. John B. Boucher of Hartford on "The Surgical Aspects of Goiter" and by Dr. Arthur Holland of New York on "Differential Diagnosis in Gastro-intestinal Diseases."

The Hartford Hospital has completed its pathological laboratory and will dedicate the building in June. It has also broken ground for a new maternity pavilion which will contain all of its operating rooms. The St. Francis Hospital opened its new maternity building in December and the New Britain General Hospital dedicated its new nurses' home a few days ago. The Manchester Memorial Hospital and the Bristol General Hospital are also very active, and the Hartford Municipal Hospital by creating a new visiting staff has endeavored to fill a wider sphere of usefulness.

We now have 257 members, or a gain of eleven over the number reported last year. Only one member has died during the year, Dr. Charles E. Taft, whose loss is deeply felt. His obituary will be published in the transactions so that the record of his life will thus be permanently recorded. One member has been dropped for non-payment of dues, while another has been suspended for the same cause, and 18 new members have been elected during the year.

Respectfully submitted,

WALTER R. STEINER,

Councilor.

Litchfield County, Dr. Elias Pratt, Torrington, Councilor.

Mr. President and Gentlemen of the House of Delegates:

The Litchfield County Medical Association held two meetings during the year. The semi-annual meeting was held in Litchfield, October 4th, 1921, in conjunction with the semi-annual meeting of the Connecticut State Medical Society. Professor Deming of Yale University gave an interesting paper on "Carcinoma of Bladder and Prostate." After supper a minstrel show was given by Litchfield local talent. The annual meeting was held on April 25th, 1922, at Winsted. This was an excellent meeting. The address of the President, Dr. J. G. Adams of Canaan, on "The Problems of the Rural Physician" was of especial interest. We have lost by death, Dr. John Calvin Kendall of Norfolk, a graduate of Yale, 1870, and the College of Physicians and Surgeons, New York, 1875. Dr. Kendall served as President of our Association, and was our Secretary for several years. His historical paper read at our sesqui-centennial meeting was worthy of note.

Respectfully submitted,

ELIAS PRATT,

Councilor.

Middlesex County, Dr. Charles E. Bush, Cromwell, Councilor.

Mr. President and Gentlemen of the House of Delegates:

The number of registered practitioners in Middlesex County remains substantially the same as reported last year, and the membership in our County Association is fifty-five (55), we having lost two and gained two during the year. The financial condition of the Association is in a satisfactory state.

Our Fall meeting, held in Essex, was a most enjoyable one and those attending will not soon forget the excellent papers and delicious dinner served.

The Spring meeting, held in Middletown, was a well attended, interesting one.

The work of the Middlesex Hospital is growing steadily. During the past winter a new wing has been built which will increase the number of available beds to 110. The old obstetrical department has been remodeled and will, when completed, care for sixteen patients, and have two well equipped delivery rooms with complete sterilizing outfits. A new main operating room with modern, up-to-date equipment, a secondary operating room, and a dark operating room, as well as adequate quarters for the medical and surgical staff will greatly facilitate the work of the hospital. Modern X-ray equipment in a well arranged suite of rooms, a fluoroscope, and a working supply of radium are other features worthy of mention. An elaborately equipped kitchen, diet kitchens, and rapid service elevators will naturally add to the better feeding of the patients and nursing staff.

The Journal Club, composed of members of the medical and surgical staff, has held weekly meetings which have been well attended and instructive.

Our midweek hospital clinic continues to attract the interest and attendance of the staff, and contributes greatly to the better study of medical and surgical cases.

The old lines dividing the principal schools of medicine are practically non-existent in our county, all working together in

harmony for the general good, while a spirit of good-fellowship seldom equaled prevails among us.

Respectfully submitted,

CHARLES E. BUSH,

Councilor.

*New Haven County, Dr. William H. Carmalt, New Haven,
Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The New Haven County Medical Association held its two regular meetings during the past year, the semi-annual at Waterbury, on October 20th, 1921, and the annual on April 27th, 1922, in New Haven; the attendance in each was quite large. At the semi-annual meeting the scientific program consisted of President Robert E. Peck's address on three hundred cases of arterial hypertension, a paper on Infection with the organism of Vincent by Dr. Creighton Barker of New Haven, and an address with lantern slide illustrations by Professor H. H. Hazen of the Georgetown University of Washington, D. C. At this meeting seven new members were elected to the Association.

At the annual meeting the scientific program consisted of papers by Dr. Lawlor of Waterbury on Ectopic Gestation, a method of treating fractures of the humerus, by Dr. Moriarty of Waterbury, and on Chronic Hypertension, by Dr. Frank E. Meara of New York City. Major Wilmerding of the Medical Corps of the United States Army gave an informal talk on the functions of the Medical Reserve Corps. Three new members were elected. The total membership of the Association is 349.

The clerk of the county has collected \$1,387.00 of which \$170.10 was dues in arrears. He has paid \$1048.50 to the Treasurer of the State Medical Society, has expended \$173.28 for county expenses and has \$821.12 balance on hand, an increase of \$165.70 over last year's balance.

Three members have died, Dr. O'Hara of Waterbury, Dr. Maguire of Derby, and Dr. William S. Russell of Wallingford. Dr. Russell was graduated from the Yale Medical School in 1880, served the following year as interne in the New Haven Hospital and then settled for practice in Wallingford. From this time until his death the writer had the opportunity to know Dr. Russell as student and practitioner and he cannot permit an honorable professional association of nearly half a century to go by without expressing his appreciation of respect and affection of a high minded career and regret at its severance. Two years ago the obituary notice of his son, Dr. Donald G. Russell, was recorded in the archives of this society by his chief overseas, Dr. Joseph Marshall Flint, where he died in the service of his country. His death was a severe blow to his father and undoubtedly had much to do with the nervous breakdown which preceded his death by several months.

The hospitals are functioning actively. The Meriden Hospital has made a notable addition to its building of a wing containing 50 beds at an expense of over \$400,000: the total capacity is now 106 beds. This amount was raised by private subscription indicating a noteworthy liberality for charitable purposes on the part of the citizens of Meriden. Mention was made in this report of last year of the improvement in the service of Grace Hospital in New Haven. Your councilor takes pleasure in reporting the completion of the private room annex, with the increased laboratory facilities required in modern hospital service. The Hospital of St. Raphael is having a marked increase in service, especially on the surgical side.

The New Haven Hospital since it has formally completed its union with the Yale School of Medicine has taken on a new life. It has become an integral part of this department of the University and received many benefits incident thereto in large financial grants from the General Education Board and the Sterling bequest. It has been able from funds supplied by Yale University to start the erection of a private room building for fifty-two beds; it has built chemical laboratories in immediate connection with the

medical and pediatric services; it has established a complete cystoscopic suite for the genito-urinary service and has completely built over the two surgical wards on the East side and added a story for the temporary use of the pediatric service until the Fitch fund accumulates sufficiently to make that bequest available, and is proceeding to the rehabilitation of the West wards in the same lines with the East; these are built over to fill all the requirements of modern up-to-date aseptic construction. The "Sterling Hall" of Medicine of Yale University, taking the place of the present Medical School building on York Street, is to be built on Cedar Street opposite the hospital, is to include the whole block bounded by Cedar, Broad, Palmer and Rose Streets and Congress Avenue, this including the building occupied by the New Haven Dispensary, completing the plans, but of a much greater scope, contemplated and begun by Dean Smith of the Medical School and the late Professors James K. Thacher and John Slade Ely in 1900-1. The design of the Architects of the Sterling Hall of Medicine includes an amphitheatre of some 250 seats sufficiently large to accommodate the meetings of the Connecticut State Medical Society and if the intentions of the Medical Faculty are carried out the next annual meeting of this Society may be held there; a consummation devoutly to be wished.

Respectfully submitted,

WILLIAM H. CARMALT,
Councilor.

*New London County, Dr. Charles C. Gildersleeve, Norwich,
Councilor.*

Mr. President and Gentlemen of the House of Delegates:

The membership of the New London County Medical Society is now seventy-eight. We have admitted four new members:

Charles Kaufman, M.D., New London.

Helen Burton Todd, M.D., New London.

Max M. Teplitz, M.D., Norwich State Tuberculosis Hospital.

Isadore Hendel, M.D., New London.

We have lost no member by death during the past year.

Our semi-annual meeting was called at the William W. Backus Hospital, October 6, 1921, with Dr. Hugh B. Campbell in the chair. The meeting was immediately adjourned to October 18, 1921.

A postponed semi-annual medical meeting was held October 18, 1922, at the Norwich State Hospital with Dr. Hugh B. Campbell in the chair.

The president of the Connecticut State Medical Society, Dr. C. C. Godfrey, was present and in the absence of Dr. Wheeler, gave an unofficial explanation of "Medical Defense." A very free discussion of the subject followed and the following resolutions were adopted:

Resolved: That the New London Society go on record as opposed to any Insurance Company using its organization as an advertising medium and that this society does not approve of the group plan of insurance as proposed by the Aetna Insurance Company and that our delegates to the State Society be so instructed.

Resolved: That the New London Medical Society petition the Connecticut State Medical Society to grant members of the Connecticut State Medical Society the same support and help as granted those members insured in the Aetna Insurance Company.

Dr. Wilcox, Superintendent of the Norwich State Hospital, and his staff presented a very instructive psychiatric clinic.

The 131st annual meeting of the New London County Society was held at the Mohican Hotel, New London, Conn., Thursday, April 6, 1922, with the president, Dr. C. F. Ferrin, in the chair.

There were about fifty members present and five guests including the venerable and youthful father of our president, Dr. C. M. Ferrin of Burlington, Vt.

Dues were raised to \$2.00 per annum.

Lt.-Com. Charles J. Holman, U. S. N., gave us a brief talk.

James W. Sherrill, M.D., of Morristown, N. J., then spoke on the subject of "Methods and Results of Accurate Dietary Restriction in the Treatment of Diabetes."

F. Gorham Brigham, M.D., of Boston, Mass., followed with a

talk upon the subject "Methods and Results in the Treatment of Diabetes in Hospital Clinics and General Practice."

These discussions were intensely interesting and profitable to those present and Drs. Ferrin and Freeman are to be congratulated for securing such able speakers.

W. E. Wilmerding, Major, M. C., U. S. A., then gave us an interesting talk upon the subject "The Functions of the Medical Reserve Corps."

All the hospitals of the County have had an active year. A large addition to the Lawrence Memorial Hospital in New London is now being built.

Respectfully submitted,

CHARLES CHILD GILDERSLEEVE,

Councilor.

Tolland County, Dr. Thomas F. Rockwell, Rockville, Councilor.

Dr. Rockwell was prevented from being present by ill-health. Dr. William L. Higgins, South Coventry, Delegate from Tolland County, reported informally. The two stated meetings of the Tolland County Medical Association had been held. A new hospital has been established in Rockville, at present located in temporary quarters, but with available funds for building and maintenance. This gives Tolland County two hospitals, which with the neighboring hospitals in adjacent counties well provides for the needs of the inhabitants of the thirteen towns of the county.

Windham County, Dr. Seldom B. Overlock, Pomfret, Councilor.

Mr. President and Gentlemen of the House of Delegates:

There is nothing out of the ordinary routine to report from Windham County. At both the annual and semi-annual meetings a well considered program was presented and the papers were of merit.

The change in time for payment of the annual dues, as designated by the last House of Delegates, after some explanation, was well received and through the energetic and assiduous labors of the treasurer, Dr. R. C. Paine, the financial condition of the Society is probably better than ever before.

There has been formed at Putnam a local city society. It is made up of men residing in the city and the neighboring towns of Pomfret, Thompson and Woodstock. This, together with similar and older societies in Willimantic and Danielson, make three such in the county. It has been demonstrated that these societies are of benefit in making for closer and better relations among members of the profession in the smaller communities.

There has been one death during the year, that of Dr. George Barnes of Dayville. One member has been added.

Respectfully submitted,

S. B. OVERLOCK,

Councilor.

Voted, to accept the reports of the Councilors and place them on file.

REPORT OF THE TREASURER.

DR. PHINEAS H. INGALLS, Hartford.

CONNECTICUT STATE MEDICAL SOCIETY,

MAY 18, 1921 TO MAY 17, 1922.

RECEIPTS.

1921

May 18	Balance on hand	\$ 819.67
19	George B. Garlick, Fairfield County	110.70
Sept. 6	H. B. Thoms, New Haven County	786.60
9	H. B. Hanchett, Litchfield County	146.80
Oct. 26	C. B. Brainard, Hartford County	705.00
27	H. B. Thoms, New Haven County	138.60
Nov. 7	H. B. Hanchett, Litchfield County	63.80
11	R. C. Paine, Windham County	47.10

PROCEEDINGS.

Nov. 15	George B. Garlick, Fairfield County	\$445.40
19	A. C. Freeman, New London County	200.00
21	S. S. S. Campbell, Middlesex County	125.00
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1922		
Jan. 10	From O. C. Smith Fund	21.00
18	R. C. Paine, Windham County	95.00
25	J. E. Flaherty, Tolland County	40.00
May 1	S. S. S. Campbell, Middlesex County	70.20
5	R. C. Paine, Windham County	31.40
	H. B. Thoms, New Haven County	123.30
	H. B. Hanchett, Litchfield County	37.80
10	A. W. Branion, Hartford County	253.50
13	A. C. Freeman, New London County	66.40
	George B. Garlick, Fairfield County	145.90
15	John E. Flaherty, Tolland County	9.40
		<hr/>
		\$4,482.57

EXPENSES.

1921		
June 2	Donald B. Wells, Expenses Annual Meeting	\$ 56.75
	Esther Owen, Expenses Annual Meeting ...	10.00
8	P. F. McPartland, Expenses Annual Meeting	12.00
21	The Heublein Hotel, Expenses Annual Meeting	12.40
	The Tuttle, Morehouse & Taylor Company, Expenses Annual Meeting	123.57
	Donald B. Wells, Expenses Annual Meeting	5.25
	George Walker, Expenses Annual Meeting	34.50
	John E. Lane, Expense acc't A. M. A.	40.14
24	Miss J. G. Buhler, Report Annual Meeting	86.61
Aug. 2	The Tuttle, Morehouse & Taylor Company	17.15
	W. R. Steiner, Expense acc't A. M. A.	36.78
Oct. 15	The Tuttle, Morehouse & Taylor Company	110.61
Nov. 2	C. W. Comfort, Salary and Expense acc't	375.00
	The Tuttle, Morehouse & Taylor Company	120.71
	The Tuttle, Morehouse & Taylor Company, on acc't Proceedings	1,500.00
15	The Tuttle, Morehouse & Taylor Company, on acc't Proceedings	500.00
19	The Tuttle, Morehouse & Taylor Company, to balance Proceedings	275.07
29	Sherwood Press	41.60
Dec. 17	The Tuttle, Morehouse & Taylor Company	6.50

1922

Jan. 10	Hartford County Med. Ass'n, O. C. Smith Fund	\$5.00
	Tolland County Med. Ass'n, O. C. Smith Fund	4.00
	Litchfield County Med. Ass'n, O. C. Smith Fund	4.00
	Middlesex County Med. Ass'n, O. C. Smith Fund	8.00
11	The Tuttle, Morehouse & Taylor Company	2.77
Feb. 24	P. H. Ingalls, Postage	2.00
	Phoenix National Bank, Box Rent	5.00
Mar. 6	The Tuttle, Morehouse & Taylor Company	73.25
Apr. 14	The Tuttle, Morehouse & Taylor Company	19.00
	Balance to new account	994.91
		<hr/>
		\$4,482.57

THE G. W. RUSSELL FUND.

Cash reported at Annual Meeting, 1921 \$1,884.91

1921

July 1	Coupons Railway and Lighting Co.	112.50
	Coupons Consolidated Railway Co.	40.00
	Coupons Gaslight Co.	20.00
	Interest	37.68

1922

Jan. 1	Coupons Railway and Lighting Co.	112.50
	Coupon Consolidated Railway Co.	40.00
	Coupon Gaslight Co.	20.00
	Interest	41.90
	<hr/>	
	Balance on hand May 17, 1922	\$2,309.49

The Fund consists of

5 \$1,000 1st Refunding Mortgage Bonds,
Conn. R. & L. Co.

2 \$1,000 50 year Debenture Bonds, Con-
solidated Railway Co.

1 \$1,000 1st Mortgage Bond, Hartford City
Gas Light Co.

THE O. C. SMITH FUND.

Cash reported at Annual Meeting, 1921 ... \$164.60

1921

July 1	Coupon Gas Light Co.	20.00
	Interest	3.28

1922		
Jan. 1	Coupon Gas Light Co.	\$20.00
	Interest	3.74
		<hr/>
		\$211.62
Jan. 10	Withdrew to pay dues of indigent members	21.00
		<hr/>
	Balance on hand May 17, 1922	\$190.62

The Fund consists of

1 \$1,000 1st Mortgage Bond, Hartford City
Gas Light Co.

Respectfully submitted,

PHINEAS H. INGALLS,
Treasurer.

HARTFORD, May 16, 1922.

This will certify that we have this day audited the accounts of the Treasurer and find them correct and the Securities listed above to be in his possession.

T. F. ROCKWELL
WALTER R. STEINER,
Auditors.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

DR. JAMES D. GOLD, Bridgeport, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

The Committee on Scientific Work has held two meetings arranging the program for the annual meeting, the printed form which all have received.

The number of papers was curtailed, with the idea to promote more discussion from the floor.

Respectfully submitted,

JAMES DOUGLAS GOLD,
Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON PUBLIC POLICY
AND LEGISLATION.DR. EDWARD K. ROOT, Hartford, *Chairman.**Mr. President and Gentlemen of the House of Delegates:*

The State Legislature not being in session during the life of this Committee no meetings have been held and we have therefore no recommendations to make to be submitted to the House of Delegates.

Respectfully submitted,

E. K. Root,
*Chairman.**Voted*, to accept the report and place it on file.REPORT OF THE COMMITTEE ON MEDICAL
EXAMINATION AND MEDICAL
EDUCATION.DR. ROBERT L. ROWLEY, Hartford, *Secretary.**Mr. President and Gentlemen of the House of Delegates:*

Your Committee on Medical Examination and Medical Education has held six meetings during the year, and has examined a total of seventy-five applicants. Some of these took the examinations more than once during the year so that the seventy-five applicants represent a total of sixty-nine persons.

Fifty-nine persons passed the examinations satisfactorily and were recommended to the State Department of Health for licensure. Of the ten who failed to meet the requirements seven were graduated from medical schools rated "A", none from medical schools rated "B" and three from foreign medical colleges.

The Board has during the past year recommended for licensure without the formal written examination twenty applicants. The

Board has failed to recommend for licensure a total of five applicants who were permitted to appear before the Board for consideration without the written examination.

The Board has interested itself in a matter that seems to be of sufficient importance to bring to your attention. It appears that one of the other Examining Boards in the State has indulged in some irregularities in the examination of applicants, and it has been thought advisable to make a report on this in some detail.

The subject may be introduced through the appended copy of a letter from this Board to Dr. Black, Commissioner of the State Department of Health.

January 10, 1922.

DR. JOHN T. BLACK, *Commissioner*,
State Department of Health,
Hartford, Connecticut.

Dear Doctor Black:—In regard to Dr. Robert P. Hammie.

You will remember that we have previously had some correspondence in regard to the above named physician, and I am instructed by our Board to again write to you relating the story of the different steps in this case and stating the opinion of this Board as to what ought to be done as regards Dr. Hammie's license. The Board further instructed that a copy of this letter be sent to the following: The Attorney General, the Secretary of the Connecticut State Medical Society, the Secretary of the Connecticut Eclectic Medical Examining Board and the Secretary of the Connecticut Homeopathic Medical Examining Board.

Our first correspondence on this subject was my letter to you of March 8, 1921, which was as follows:

“DR. JOHN T. BLACK, *Commissioner*,
State Department of Health,
Hartford, Connecticut.

Dear Doctor Black:—Regarding Dr. Robert P. Hammie.

It has come to my attention as Secretary that Dr. Hammie is engaged in the practice of medicine in New Haven. My understanding is that Dr. Hammie is practicing under a license issued by the State Department of Health after examination and recommendation by the Board of Eclectic Medical Examiners of this State. As a matter of interest I find upon referring to our records that Dr. Hammie has appeared before this Board

on eight different occasions with a general average mark on each occasion as follows: 54.5; 61.1; 65.5; 68.0; 61.3; 56.0; 54.5; 65.9.

According to our records, Dr. Hammie graduated in 1908 from the College of Physicians and Surgeons in Boston. If the College of Physicians and Surgeons represents a regular school of medical practice, Dr. Hammie can be examined by only this Board according to the Connecticut law.

It will be of interest to the members of this Board to know whether or not Dr. Hammie has a license to practice in this State, and if so it will be of interest to know whether or not his license was obtained in strict conformity with the provisions of our law. While our interest in a matter of this kind is somewhat academic, I am sure it will be of deep interest to you to have the matter looked up, and I shall be happy to have a word from you so that I may report to the other members of our Board at a meeting to be held in the near future.

Very truly yours,

ROBERT L. ROWLEY, M.D.,

Secretary."

Under date of March 11th you wrote in reply to the above that Dr. Hammie was examined by the Eclectic Board with an average of 85.3, and was licensed accordingly on February 3, 1921. His application at that time recorded him as a graduate of the College of Physicians and Surgeons in Boston, Mass.

I then wrote you on July 22d as follows:

"DR. JOHN T. BLACK, *Commissioner,*
State Department of Health,
Hartford, Connecticut.

Dear Doctor Black:—Regarding Dr. Robert P. Hammie.

May I refer you to my letter of March 8, 1921 and your reply under date of March 11th.

It has never been clear to the members of this Board how Dr. Hammie in compliance with the law could have been examined by the Connecticut Eclectic Medical Examining Board, and on the recommendation of that Board could have been licensed by the State Department of Health.

You will notice in the General Statutes of Connecticut, Revision of 1918, Chapter 148, Section 2857, beginning with the twelfth line, the following: "Every applicant for examination under the provision of this chapter must be examined by a committee representing the same school of practice in which the applicant was graduated."

We assume that the purpose of this clause in the text of the law is to prevent applicants who have failed in their examinations before one board

from taking the examinations before some other board, the standards of which board may be different from those of the first board.

It is perhaps unnecessary for me to assure you that it has always been the aim and conscientious purpose of the Connecticut Medical Examining Board to maintain high standards for medical education in this State, and above all has it strived to comply with both the spirit and the letter of the law. In following this course our Board has felt that it had the right to expect no less on the part of the other medical examining boards in the State.

In your letter of March 11th you were good enough to give us a copy of your letter of May 6, 1920 to the Eclectic Board, which letter was perhaps taken as authority for that Board to examine Dr. Hammie, but such authorization could not of course be given in conformity with the law, and our first reaction of profound surprise is somewhat tempered by the assumption that the letter of May 6th to the Eclectic Board was written by someone in your office not as familiar as you are with the provisions of the Connecticut Medical Practice Law.

You will notice from my letter of March 8th that Dr. Hammie had appeared before this Board on eight different occasions with marks that were far below the general average of 75., which is required for passing. In other words, the essential qualifications to make him a safe practitioner of medicine in this State had not been made evident to our Board, and it now appears that notwithstanding all of that Dr. Hammie has obtained a license and is practicing medicine.

This matter is being brought to your attention at the request of the members of our Board to learn what can be done to rectify a situation of this kind. The license of Dr. Hammie appears to have been issued contrary to the provisions of the law, and I am asked to inquire whether or not you believe that Dr. Hammie's license can be or should be recalled.

There is to be a meeting of this Board on Thursday, July 28th, and if you can have this matter thoroughly looked up and can give me a reply to this letter in the next few days, I shall be greatly obliged to you on behalf of the Board, and I shall consider it a personal courtesy for which I shall be grateful, for I have delayed longer than I should the writing of this letter.

Very truly yours,

ROBERT L. ROWLEY, M.D.,

Secretary."

Under date of July 25th you wrote in reply to the above letter informing us that the letter of May 6th, 1920 to the Eclectic Board was written by you and it appears that the letter was taken as authority for the Eclectic Board to examine Dr. Hammie. You further state in your letter of July 25th that "your assumption was and is that if he had graduated from a Regular College he would qualify for the Eclectic examinations by *taking a course in Eclectic Medicine.*" Nevertheless, the law makes no mention

of "a course in Eclectic Medicine," but states that every applicant must be examined by a committee representing the same school of practice in which the applicant was "graduated." We find that the medical school from which Dr. Hammie graduated, the College of Physicians and Surgeons in Boston, is not an Eclectic school of medicine, and furthermore has never given any courses in eclectic medicine. You perhaps overlooked the inquiry in the next to the last paragraph of our letter of July 22d as to whether you believe that Dr. Hammie's license can be or should be recalled, for you have made no response to this.

Acting on the instruction of this Board I submitted on September 21st, 1921, copies of our correspondence to the Honorable Frank E. Healy, Attorney General of this State, with request for his official opinion as to whether or not Dr. Hammie has been legally licensed to practice medicine in Connecticut. No acknowledgment of that letter has ever been received. On November 7th, 1921, a follow-up letter was written to the Attorney General requesting a reply within the succeeding two weeks, so that at a meeting of our Board the matter might be reviewed in the light of a reply from him. We regret to note, however, that the Attorney General has made no acknowledgment of our letter of November 7th, nor of our letter of September 21st.

The opinion of this Board is that the license that has been issued to Dr. Hammie should be recalled, and the Board is desirous of placing on record its opinion to that effect. In order that that purpose may be served, the Board has directed that copies of this letter be sent to the parties mentioned in Paragraph one above.

Very truly yours,

ROBERT L. ROWLEY, M.D.,

Secretary.

Subsequent to the sending of this letter to Dr. Black, the Board received a reply from the Attorney-General which is appended and made a part of this report.

STATE OF CONNECTICUT.

Attorney-General's Office.

Hartford, February 9, 1922.

DR. ROBERT L. ROWLEY,

Secretary of The Connecticut Medical Examining Board.

Dear Sir:

You ask my opinion as to the legality of a license to practice medicine in this state issued by the Connecticut Eclectic Examining Board to Dr. Robert P. Hammie.

Dr. Hammie is a graduate of the College of Physicians and Surgeons of Boston, Massachusetts, which college has never given any courses in eclectic medicine, nor has it been classified as an eclectic institution. Dr. Hammie has repeatedly taken the examinations prescribed by the Connecticut Medical Examining Board, but has failed to pass such examinations according to the standard required by said Board. After these repeated failures to pass such examinations, Dr. Hammie then applied to take the medical examination before the Connecticut Eclectic Examining Board, and said Board acting on the advice contained in a letter to it from the State Commissioner of Health, Dr. John T. Black, allowed Dr. Hammie to take such examination, and as a result of such examination granted to him a certificate that they found him qualified to practice medicine in this State. The State Board of Health thereupon issued to Dr. Hammie a certificate of registration which allowed him to practice medicine in this State.

The history of legislation must necessarily be considered in arriving at the true interpretation of the present statute, and the development of the law appears as follows:

Chapter 158 of the Session Laws of 1893:

"Each applicant shall have the right to choose which of the three committees shall be the one by whom he will be examined.

An applicant, after having been rejected by any of said examining committees, shall not be eligible to examination by another committee of examination until after the expiration of twelve months."

Chapter 71 of 1903:

"An applicant rejected by an examining committee shall not be eligible to examination before either of the other examining committees until after the expiration of twelve months, but may be re-examined by the committee before whom he appeared, at any subsequent meeting of said committee."

Chapter 82 of 1907:

"Every applicant for examination under the provisions of this act shall be examined by the committee representing the same school of practice in which the applicant was graduated.

An applicant rejected by an examining committee may be re-examined by the committee before whom he appeared, at any subsequent meeting of said committee."

The language contained in the Act, Chapter 82 of 1907, is the same as appears in Section 2857 of the General Statutes, Revision of 1918, and is existing law.

It clearly appears in the first two acts quoted above, that an applicant having failed to pass an examination before one of the medical examining

boards could, after the expiration of a period of twelve months, be eligible to take an examination before either of the other boards, and, in the first instance, could select the examining committee before which he desired to appear and be examined as to his qualifications to practice medicine in this State.

The language of the Act of 1907, which is now contained in Section 2857 of the General Statutes, completely changed the rights of an applicant appearing before either of the medical examining boards, first, by making it obligatory that an applicant should be examined by the examining board representing the same school of practice from which he was graduated, and second, by taking away the applicant's right, after a period of twelve months, to another examination before a different medical examining board.

This change in the law not only raised the medical standard to be attained by applicants, but was of vital importance in the protection of the interest of the general public.

When the statute prescribes that certain conditions must be complied with before a person is eligible to take an examination before a medical examining board, such conditions must be strictly complied with, and no executive official in this State is warranted, under any circumstances, in waiving the clear mandate of the statute.

Under existing law, the Connecticut Eclectic Medical Examining Board had no authority to allow the applicant, Dr. Hammie, to appear and take an examination before it, and it therefore follows that no legal certificate could be granted to him as a result of such examination, and that the certificate of registration issued to Dr. Hammie by the State Department of Health should be revoked.

Respectfully submitted,

(Signed) FRANK E. HEALY,

Attorney-General.

The Secretary of the Connecticut Eclectic Medical Examining Board has been interviewed for the purpose of laying this matter before that Board, and of giving it an opportunity without undue publicity and embarrassment to take definite action in having revoked the license of Dr. Hammie. The Eclectic Board has asked for time in which to give the matter consideration and also to await the return of one or two members of their Board who were temporarily absent and unable to enter into a discussion of this matter.

Our board notified the Eclectic Board that in the event of no action being taken by the Eclectic Board on or before May 15th

the matter would be placed in the hands of the health officer for New Haven County.

Our Board has reason to believe that if the case is put into the hands of this official prompt and definite action may be expected.

Respectfully submitted,

ROBERT L. ROWLEY,

Secretary.

Voted, to suspend the regular order of business to allow the presentation at this time and prior to action on the above report of the Report of the Committee on Requirements for the Practice of Medicine, said report being pertinent to report just presented.

REPORT OF THE COMMITTEE ON REQUIREMENTS FOR THE PRACTICE OF MEDICINE.

DR. D. CHESTER BROWN, Danbury, *Chairman.*

Mr. President and Gentlemen of the House of Delegates of the Connecticut State Medical Society:

At the last meeting of this House of Delegates a committee on the requirements for the practice of medicine was continued, in order that if conditions developed requiring activities in this particular field it should be ready to take the matter up. During the year there has seemed no definite point of departure and the committee has not even had a meeting. During the last few weeks, however, the prevalence of small-pox in Connecticut has demonstrated to the public the importance of the ability to make accurate diagnosis by those practicing medicine, and the benefit of the Department of Health for the protection of the health and welfare of the state. This led the chairman of the committee to ask the board of councilors that they give the matter their consideration at their last session, and that they should make recommendations as to line of activities if any were deemed advisable. Since then an editorial in the Journal of the American Medical Association, April 29th, 1922, gives us an opportunity

of drawing attention through the public press to the position occupied by Connecticut. With your permission I will read certain portions of the editorial referred to, and would again ask the board of councilors for their advice as to how the matter should be taken up.

Respectfully submitted for the committee,

D. CHESTER BROWN,

Chairman.

Dr. Brown then read the following editorial (extract) published in the *Journal of the American Medical Association*, April 29, 1922:

“STATISTICS OF THE STATE BOARD EXAMINATIONS.

This week, for the nineteenth consecutive year, *The Journal* publishes statistics based on official reports of examinations conducted by state medical boards, and of registrations by reciprocity and other methods. During these nineteen years the work has met with an increasing support and co-operation from the secretaries of state licensing boards, who have furnished reports of their examinations. The reports have been carefully checked with alumni lists furnished by the deans of medical colleges, and by this cross-checking, errors have been corrected and the state boards concerned have been notified. Thus, not only are the statistics accurate and reliable, but also state board records have been corrected. We express our acknowledgments for the co-operation of the officers of both state licensing boards and medical colleges by which the publication of these statistics has been made possible.

These statistics are of great importance, as they relate to medical education and to medical licensure. For each state they show the number and qualifications of physicians admitted to examinations; the character of the colleges from which they graduated; the numbers registered and rejected, and the percentages. The material is so arranged that the facts regarding any one college or

state can be compared with other colleges and states. The statistics show that in some states people are well protected against illiterate and incompetent physicians, while in others, in varying degrees, the opposite situation prevails.

CONNECTICUT AND ARKANSAS.

Two glaring instances in which the people are not protected are found in Connecticut and Arkansas. In these states, although reasonably high standards are enforced by the regular medical boards, an open door for those with inferior qualifications is provided by a separate board of eclectic medical examiners. In Connecticut the eclectic board licensed seventy-one physicians, sixty-one of whom graduated from low-grade medical colleges, and three graduated from the Pacific Medical College of Los Angeles, an institution which was never recognized by the California board as a professional school of any type, while the authenticity of the credentials of one candidate who was licensed is seriously in doubt. This eclectic board assumed the authority to examine not only the graduates of eclectic medical schools, but also all others who applied. Of the seventy-one licensed, only twenty-five graduated from eclectic colleges, while forty-six, or 70.7 per cent., were graduates who would supposedly apply to the regular medical board. This group included thirty graduates from the St. Louis College of Physicians and Surgeons, a nominally regular medical school which is reported as not recognized by the Connecticut (Regular) Medical Board. It is reported as not recognized also by the licensing boards of Missouri and forty-five other states.

In Arkansas, out of twenty-three candidates licensed by the eclectic board, twenty were graduates of low-grade medical schools. Most of these were from the Kansas City College of Medicine and Surgery, a nominally eclectic institution, reported not recognized by the licensing boards of forty-two states. Why should Connecticut and Arkansas longer tolerate these eclectic boards, which are making these states the literal dumping ground of graduates of inferior medical schools?



EFFECTS OF PUBLICITY.

The effectiveness of publicity in medical licensure may be noted in Table M, on page 1313. Higher standards of preliminary education have been adopted; all states but Colorado require that applicants must have graduated from a medical school; all but New Mexico require an examination of all applicants; forty-seven states have obtained and are using the authority to refuse recognition of low-grade medical colleges; forty-four states have established reciprocal relations with other states; ten states require a hospital internship as an essential for the license, and all but two states—Arkansas and Connecticut—have abolished their separate boards of eclectic medical examiners or have limited their authority.

On medical education the effect of these statistics has been even more pronounced. The publicity regarding the failures of graduates at state licensing examinations and regarding the nonrecognition of various colleges (Table D) has impelled medical schools to improve greatly their facilities for teaching. Such improvements are evidenced by the larger number of colleges which are now recognized in all states as compared with five years ago.

Briefly, to each medical school these statistics show what improvements are essential if its graduates are to succeed in state board examinations; what state boards are requiring as a minimum of preliminary education, and in what states the boards are refusing to examine its graduates. To each state board these statistics show the qualifications of the physicians licensed as compared with those licensed in other states, and the further improvements which are needed in its educational standards and methods of examination. Owing to political conditions and other factors, standards in certain states fluctuate considerably; but on the whole, there has been decided progress. Continuous publicity has led to a general improvement and a greater uniformity in the methods of examination; there has been a lessened confusion in the licensing of physicians throughout the country, and correspondingly better safeguards for the public against the licensing of incompetent practitioners."

Dr. Brown further stated he had finally succeeded in securing publication of the editorial in the *Danbury Evening News*; the article was placed rather inconspicuously on an inside page, in close proximity to an advertisement of "Tanlac" with an even more prominent news heading. The question of publicity was considered to be one largely of whether the public was interested in or demanded such information; the newspapers were evidently not convinced that it did; the problem of creating such demand was still to be solved.

Dr. R. L. Rowley read the following letter from Dr. N. P. Colwell, Secretary of the Council on Medical Education and Hospitals of the American Medical Association to the State Commissioner of Health, relative to licenses to Eclectics in Connecticut and the reply thereto.

April 4, 1922.

DR. JOHN T. BLACK, Commissioner,
Department of Health,
Hartford, Conn.

Dear Doctor Black:

Your letter of March 30 has been received and I appreciate very much your courtesy in filling in the information on our blanks in regard to physicians licensed last year by the Connecticut board of eclectic medical examiners.

How does it come that the eclectic board is authorized to examine candidates graduating from regular medical schools? It is noteworthy that of the 58 candidates examined during the year 39 are graduates of regular schools and three are from a school (the Pacific Medical College) which never had recognition from the California board of medical examiners either as a medical college or as a drugless cult institution. It is interesting to note, also, that of the 58 candidates only three were graduates of an institution having a rating higher than Class C.

Is not this a pretty strong argument for doing away with the separate board of eclectic examiners?

The standing of the colleges (from which candidates were received by your eclectic board) before other state boards is shown on the inclosed table. I will write you later in regard to the standing of the individuals named on this list.

The names of those who failed will doubtless be of service, since from our records on file we can probably secure the other data. I have wired you the names.

Very truly yours,

N. P. COLWELL, *Secretary,*

Council on Medical Education and Hospitals.

May 20, 1922.

N. P. COLWELL, *Secretary,*
Council on Medical Education and Hospitals,
American Medical Association,
535 North Dearborn St.,
Chicago, Ill.

Dear Doctor:

I very much appreciate the study you have been making of the qualifications of those examined by our Eclectic Medical Examining Board. I have long realized the unsatisfactory state of affairs in this commonwealth, and last year I submitted to the Legislature for the State Medical Society a new Medical Practice Act. The opposition to this bill became so intense that when it was heard before the legislative committee, the writer was the only person who appeared to support the same against the opposition of 2,500 people; consequently, I have taken the position that the initiative and program for future action must come from and be conducted by the medical fraternity.

The information you have already supplied to us concerning certain individuals will be of value, to this Department, however, and I should appreciate very much all the information you can give me concerning those licensed by the Eclectic Board during the past two years. We will be willing to provided for such clerical expense as may be incurred.

Thanking you for your letter, I am

Yours very truly,

JOHN T. BLACK,

Commissioner.

Dr. J. E. Lane read the following letter from the Commissioner, State Department of Health, in reply to a query from him (Dr. Lane) for verification of the statistics in the Journal's editorial:

May 9, 1922.

DR. J. E. LANE,
59 College Street,
New Haven, Conn.

Dear Doctor:

Replying to your letter of May 8 with reference to the editorial in the Journal of the American Medical Association of April 29, 1922 and requesting verification of the statistics, I will state that inasmuch as none of the examining boards have within five years filed a list of the colleges acceptable to them, as required by Sec. 2857 of the General Statutes, it is impossible for us to verify this statement without considerable effort. Sec. 2855 requires that the State Department of Health shall issue licenses when certificates are filed by the examining boards to the effect that the applicants are qualified and are entitled to the same.

Yours very truly,

JOHN T. BLACK,
Commissioner.

Voted, that the Chair appoint a Committee of three to consider the reports of the Committee on Medical Examination and Medical Education and the Committee on the Requirements for the Practice of Medicine, and to make such recommendations as it deemed best to the House of Delegates at the next session.

For this special committee, the President appointed Dr. D. Chester Brown, Dr. Robert L. Rowley, Dr. Walter R. Steiner.

REPORT OF THE COMMITTEE ON HONORARY MEMBERS AND DEGREES.

DR. CHARLES J. BARTLETT, New Haven, *Chairman.*
(Read by the Secretary in the absence of Dr. Bartlett.)

At the last annual meeting the name of Dr. Herbert E. Smith of Los Gatos, California, was proposed for honorary membership. His name is accordingly before you for action at this meeting and this committee is unanimously in favor of his election.

The committee has no names to propose for this year.

C. J. BARTLETT, *Chairman.*

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE.

DR. WILLIAM R. MILLER, Hartford, *Chairman.*

(Read by the Secretary in the absence of Dr. Miller.)

Mr. President and Gentlemen of the House of Delegates:

Your Committee on Medical Defense has met several times during the current year. At the earlier meetings consideration was given to the past experience of similar committees in adjoining states and data secured relative to the status and frequency of malpractice suits in this state.

On September 14, 1921, this committee met with the Council of the Society and outlined to them the forms of procedure deemed advisable to make Medical Defense by the Society effective, and these recommendations were endorsed by the Council.

A circular letter (copy appended) was mailed each member of the Society advising them of the intent of the act and also suggesting precautions that would make malpractice suit less liable.

Messrs. Day and Berry of Hartford have been retained as our Attorneys.

The individual members of your committee have attended the Semi-Annual Meetings of the County Societies and have discussed Medical Defense with them.

No direct appeal for defense has been made to your Committee; indirectly the Committee has been of service in the prevention of suits and also of some aid in suits now pending.

W. R. MILLER.

September 13, 1921.

To each Member of the Connecticut State Medical Society:

DEAR DOCTOR:—The Committee on Medical Defense of the State Medical Society has investigated medical defense in this and other states and deems it important to acquaint the individual physician with the causes that underlie Court action and to sug-

gest measures for adequate protection. These measures not alone act to discourage the frequency of suits for malpractice but also place the physician in a position to properly defend himself on attack. In the course of this investigation in regard to claims and suits for malpractice that have heretofore been brought, and are now being prosecuted against the members of the Connecticut State Medical Society, there are certain factors which seem to be responsible for a majority of these claims and these are brought to your attention.

A. The effect of indiscreet and disparaging comment upon a case, undoubtedly made many times without a thorough understanding of all the circumstances surrounding the previous treatment, but also sometimes because of personal feeling, and always without due regard to the effect that such remarks are apt to have upon the profession as a whole in that when they are repeated to attorneys and friends by the patient, they are many times distorted and exaggerated.

B. The failure of the doctor to keep a proper record of his attention to the case, particularly in regard to the refusal of a patient to abide by his instructions.

We cannot too strongly urge on the members of the society that they adopt and follow this suggestion, i.e.,

* * * * * In every instance where the patient refuses to abide by the instructions of the attending physician, that such instructions be converted to writing and the refusal of the patient or the patient's friends be entered in the record; and the signature of those refusing be obtained to such record, and whenever possible such signature be witnessed by a disinterested party. * * * * *

This particularly applies to all those cases in which an operation, X-ray examinations, hospital attention, consultations, or the services of a properly qualified nurse are deemed necessary and refused.

C. In the treatment of every fracture it is desirable that both front and lateral view X-ray plate or films should be taken prior to reduction. Similar views should be taken after reduction and

the application of splints or cast, and similar views from the same position should be taken when the patient is discharged even though all symptoms indicate a perfect result.

This recommendation is made in order to avoid the disadvantage connected with the attempt to successfully defend a suit based upon a failure to properly treat a fracture in which, because of use, a displacement has occurred as a result of a soft callus, or delayed ossification, or because of a subsequent fracture at the site of the original fracture which cannot otherwise be proved. The inability or refusal of the patient to have such X-ray pictures taken should be made a matter of record as above suggested.

D. The obtaining in advance of the written consent of the patient or the patient's personal representative to the performing of any additional operation or procedure found to be necessary during the course of an operation which is to be performed on the patient under the influence of a general anesthetic.

E. The preparation and keeping on file of a written statement of the result of each consultation signed by each physician present.

F. Providing some means of definitely showing in each case, where packing material or swabs have been introduced into the operative field, that such material has been removed.

* * * * * The suggestion offered by Dr. J. C. Masson of the Mayo Clinic, Rochester, Minn., appearing in the May 31, 1919 Journal of the American Medical Association, was that there be an aluminum ring sewed into each gauze sponge or made packing, and that subsequent to each operation, when the patient could be conveyed to the X-ray room at the hospital, that a picture of the field of the operation be taken and thereby conclusively show that no packing or sponge, each of which would contain one of these rings, had been left, appears to us of real value. * * * * *

In view of the possibility of such a ring being edgewise to the ray, it is suggested that in the preparation of packing and sponges, and of folded gauze swabs, that a strip of tinfoil be inserted lengthwise of the gauze and sewed in, thus providing a sufficient area of metal to insure a proper picture, with no possibility of error through a failure to secure a shadow.

The insistence by surgeons that the gauze material provided by the hospitals shall be prepared in this manner; and the insistence of the surgeons, that following every operation there shall be an X-ray photo taken of the field. This will be of immeasurable assistance in all those cases where a claim is brought alleging the leaving of a sponge in the abdomen, which has later emerged per rectum; or in which drainage material has been subsequently inserted and lost, through a change of physicians or other circumstances over which the operator has absolutely no control.

The law requires that physicians keep abreast of the times in the practice of their profession and in recent years the progress that has been made in methods of diagnosis and treatment made possible by various scientific discoveries and improvement in the use of the X-ray and mechanical appliances have added a great burden of responsibility to the physician in his practice. These improvements have resulted in great benefit to the patient and an added legal liability on the part of the physician to the patient. This increasing hazard to the physician in the practice of medicine has been recognized by insurance companies and a number have accordingly discontinued writing Physicians' and Surgeons' Liability insurance, and those that have continued to write it have materially raised their rates, some to the extent of from two hundred to three hundred per cent.

One company, which now insures approximately 50% of the membership of our State Society, has not as yet felt the need of increasing its rates and it has pursued the practice of defending every suit in which there was a reasonable prospect of success, and, so far, has been uniformly successful in such cases in Connecticut.

We learn that the New York State Medical Society has officially approved and recognized the company last referred to and has entered into an arrangement whereby the Defense Committee of the New York State Medical Society (which heretofore has refused to co-operate with any insurance company in the defense of malpractice cases) and the insuring company, i. e., the *Ætna* Life Insurance Company, will co-operate in every way possible

toward the successful defense of all unjust and improper malpractice claims and suits.

In view of the conditions found your Medical Defense Committee recommended that because of the need of indemnity protection and the number of these claims and suits now being brought in this State, that the members of the society not protected by Liability insurance purchase such insurance under the plan of Group Malpractice Liability insurance now available in every county in the State, as offered by the *Aetna* Life Insurance Company. This course will assure us of all such cases being conducted in a manner conducive to the furthering of the best interests of the profession.

"Every possible means has been provided for the most effective co-operation between the counsel of the society and the Legal Department of the *Aetna* Life Insurance Company in the actual investigation of claims, preparation and trial of cases, thus making available the excellent machinery now provided by the *Aetna* Life Insurance Company for this purpose. No settlement of claims will be made without the consent of the doctor affected and suitable safeguards are provided against improper settlements. This whole plan has been investigated carefully by the Council of the Medical Society of the State and is recommended as satisfactory by them."

Those not protected by liability insurance will be defended by the State Society (see page 260 Society Proceedings, 1921) and all costs in connection with suits assumed by the Society, but the Society will not be liable for any judgment awarded in event of adverse court verdict. Inasmuch as medical defense within the State Society is mutual, the Committee and the members of the Society will co-operate with insurance companies to their best interests, the benefit to be derived by members of the Society from the insurance companies being a decreased cost of protection which will be in direct ratio to our success in preventing and successfully defending suits at a minimum cost to the companies.

The benefits of these plans are now available to the members and forms will be found in the hands of the Secretary of your County Society for use in event of a threatened suit for malpractice. These forms should be filled out and mailed to the Chairman of the Medical Defense Committee at the first intimation of

a threatened suit. Do not delay, awaiting Court action, but get your information to the Committee at the earliest possible moment. Many threatened suits may be prevented and have no future Court life by prompt action of Attorney.

WILLIAM R. MILLER, M.D., *Chairman.*

50 Farmington Avenue,
Hartford, Connecticut.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

DR. FRANK K. HALLOCK, Cromwell, *Chairman.*

(Read by Dr. C. DeL. Alton, in the absence of Dr. Hallock.)

Mr. President and Gentlemen of the House of Delegates:

The activities of this Committee have been dormant during the past year owing to the fact that the establishment of a Sanatorium for the Nervous Poor will depend almost entirely upon the fate of the bill to create a State Infirmary.

This bill was presented to the last legislature, but, owing to lack of available funds, action upon it was deferred. The purpose of the bill has the hearty endorsement of the Governor and it will undoubtedly be again brought before the legislature next January.

If favorable action is taken and a State Infirmary is established, the hope has been held out to your Committee that one of the departments of the Infirmary would have as its function the treatment of nervous invalids who are not able to pay the rates in private sanatoria and cannot properly be cared for in existing institutions.

Respectfully submitted,

FRANK K. HALLOCK,
Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON HEALTH PROBLEMS IN EDUCATION.

DR. EDWARD W. GOODENOUGH, Waterbury, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

Last June House Bill 706 was passed.

“AN ACT PROVIDING FOR HEALTH INSTRUCTION AND PHYSICAL EDUCATION IN THE PUBLIC SCHOOLS OF THE STATE OF CONNECTICUT.

SECTION 1. There shall be established and made a part of the course of instruction in the public schools of this State a course in health instruction and physical education.

SECTION 2. The course in physical education shall be adapted to the ages, capabilities and the state of health of the pupils in the several grades and departments and shall include exercises, calisthenics, formation drills, instruction in personal and community health and safety and in preventing and correcting bodily deficiency.

SECTION 3. The course herein prescribed shall be prepared by the State Commissioner of Education, and, when approved by the State Board of Education, shall constitute the prescribed course in physical education. With the approval of the State Board of Education the State Commissioner of Education may employ experts to assist him in preparing such courses of instruction, and to assist in putting into operation the courses and work in the public schools of the State.

SECTION 4. Every pupil, excepting kindergarten pupils, attending the public schools of this State shall take the course in physical training as herein provided, and such course shall be a part of the curriculum prescribed for the several grades. The standing of the pupil in connection therewith shall form a part of the requirements for promotion or graduation. The time devoted to such course shall aggregate at least two and one-half hours in each school week, or proportionately when holidays fall within

the same. Four-fifths of such time shall be given to physical education and one-fifth to the teaching of health.

SECTION 5. The State Board of Education shall adopt regulations fixing the necessary qualifications of teachers in physical education, shall require all students at the State Normal Schools to receive thorough instruction in such courses, and shall provide such instruction for such students in attendance at the State Summer Schools as shall elect to take such instructions."

Dr. A. G. Ireland was recently appointed medical advisor to the Commissioner of Education.

A syllabus of plans for the coming year will soon be issued. Lack of appropriation prevented the beginning of this work last year.

On February 3d, at the annual meeting of the Teachers' Association in New Haven the general plan of our national committee on public health and education was presented. Their committee to confer with us was later appointed:

Dr. A. G. Ireland, Hartford.

Mr. Levi T. Garrison, Willimantic.

Mr. Everett M. Sanders, Hartford.

Mr. David Gibbs, Meriden.

Mr. E. Ward Ireland, Danbury.

Mr. Garrison and Mr. E. Ward Ireland met with your Committee on May 5th. A report of progress was voted and arrangements made for further consultation after the summer vacation.

New legislation in Connecticut is seriously hampered by the influence of Christian Science and large numbers of irregular practitioners. To overcome this, public opinion is rapidly changing.

The new Department of Public Health at Yale under Professor C.-E. A. Winslow is a most potent factor. His department is ably assisted by the nutrition work under Professors Osborne and Mendel, in mental hygiene by Professor Gesell, and the new Pediatric Department under Professor Park. Professor Pirquet

gave the Benjamin Silliman lectures on nutrition at Yale this year. His new book is an important factor in the study of nutrition.

The National Association of Child Hygiene met in New Haven last fall. The New England Health Institute held in Hartford this month is exceedingly valuable in its influence. As you know, the public press is full of material more or less valuable to extend this public education.

Dr. Howard Lazear is the new Director of the Bureau of Child Hygiene under State Commissioner of Health. Miss Margaret Stack continues as the Director of the Division of Public Health Nursing. Dr. Lazear plans a survey of the obstetrical departments of the State hospitals. He also plans a thorough examination of mid-wives before licensing, and has a nurse who will follow up their work and if it is not satisfactory, license can be revoked. The observation of prenatal cases and of children during the first year is not intended in any way to interfere with the care and treatment of any trained physician.

A great advance in this past year has been made by the rapid spread throughout the rural districts of medical inspection and examinations of school children by public health and school nurses.

New Haven, Bridgeport and Waterbury show each year an improvement in this type of work.

Nurses and physical directors need medical supervision and advice. Graduates in medicine as health officers and school inspectors will have this leadership as their character, ability and tact warrant such control. This means efficiency, rather than political control in such offices.

Respectfully submitted,

EDWARD WINCHESTER GOODENOUGH,

Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON NATIONAL
LEGISLATION.DR. D. CHESTER BROWN, Danbury, *Chairman.**Mr. President and Gentlemen of the House of Delegates:*

I do not know just how the Committee on National Legislation was expected to functionate when it was appointed, but I do know that for a number of years it has drawn attention to national legislation that has already been accomplished, and has been of the nature of a review rather than a report of activities. With this in mind your Committee has been considering ways and means of making opportunities by which the judgment and opinions of the medical profession of the state could be transmitted to the national legislators of the Commonwealth, while questions relating to Public Health were being considered in Congress. This matter was impressed particularly upon your Committee on National Legislation during the time when the Shepard-Towner bill was being discussed and revised, but it seemed wise to wait until action had been taken and then draw attention to the fact that the medical profession of Connecticut was available upon any matter of Public Health. A letter was written to one of the representatives from Connecticut and the reply was such as to indicate a duty that this association should assume either through the individual efforts of a committee on national legislation or through the board of councilors. To me it seems wiser to appoint a committee of three on national legislation one of whom should be chairman of the Committee on State Legislation, and that this committee should establish cordial relations between one or more members of Congress and itself.

It is well to bring to your attention that this same matter has been under consideration in several other states, and it has become a matter of individual adoption of some principle that will meet individual needs in that state.

Respectfully submitted,

D. CHESTER BROWN,

Chairman.

Dr. Brown then read his letter to a member of Congress from Connecticut and the reply thereto, indicating the desire for counsel from and co-operation with the medical profession of the State on medical matters, where such counsel and co-operation were very evidently desirable and necessary.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON HOSPITALS.

DR. WILDER TILESTON, New Haven, *Chairman*.

(Read by the Secretary in the absence of Dr. Tileston.)

Mr. President and Gentlemen of the House of Delegates:

In the year 1919-1920, at the request of the Council on Medical Education and Hospitals of the American Medical Association, all of the larger hospitals of the State were investigated and classified by the Committee.

Since then there has been a marked improvement of most of the hospitals, especially as regards the keeping of records, and the quality of the laboratory service rendered. This is largely owing to the efforts of the American Medical Association, and to the standards set up by the American College of Surgeons. There is still much room for improvement, particularly in the matter of instruction given to the interns by the staff. The quality of interns available for the smaller hospitals also leaves much to be desired.

It may be safely said that all the hospitals are making a strong endeavor to improve the quality of the service rendered.

No meetings of the Committee have been held during the year. It was thought that sufficient time had not yet elapsed to make a second official survey advisable, but this might be done to advantage in the near future.

Respectfully submitted,

WILDER TILESTON,
Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON THE HISTORY
OF THE MEDICAL PROFESSION OF CON-
NECTICUT IN THE WORLD WAR.

DR. FRANK H. WHEELER, New Haven, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

Your Committee on the "History of the Medical Profession of Connecticut in the World War" would report that material progress has been made on the work during the year.

The data concerning the 519 men who were enrolled in the Volunteer Medical Service Corps are complete and that chapter written. Also the information regarding the seventeen Medical Advisory Boards is written up. Of the 44 Draft Boards in the State we have complete information regarding 34. The lists of the various war committees are practically finished. There were 105 doctors who applied for a commission in the army or navy and were found to be disqualified. We have a complete list of these men and the cause for the disqualification in each case.

From the best information obtainable by the committee there appear to have been 506 men who entered the Service. Questionnaires were sent to all these and to some other doubtful ones. Up to the present time we have received 450 replies. Forty-three men, whose addresses we know, have not replied though several letters, asking for the desired information, have been sent to them. There are 15 men who we have reason to believe were in the Service but whose addresses we have not been able to obtain.

The work of editing the questionnaires is progressing. About one hundred and twenty-five have already been gone over. The statistical part of the work is nearly complete but must have a final revision and checking up. Altogether we now have complete data regarding over one thousand men.

Your committee is more anxious than you are, Gentlemen, to have this work finished, but as was remarked to the speaker by Mr. Godard, the State Librarian and who is doing a similar work for the whole State, it is better to go slowly and have the result right and complete than to hurry and have it practically valueless.

Time, Patience and Perseverance overcometh all things. Perseverance we have—some; Patience can be cultivated but Time can be granted to us only by the Almighty and this Society.

Respectfully submitted by the Committee,

FRANK H. WHEELER,

Chairman.

Dr. Wheeler further informed the House of Delegates of some of the detail of preparing the work and read extracts from some of the completed chapters.

Voted, to accept the report and place it on file; that the Society gladly granted the Committee all the time necessary and devoutly hoped the Almighty would take similar action especially with reference to the Chairman of the Committee.

REPORT OF THE COMMITTEE ON HEALTH INSURANCE.

DR. CHARLES J. FOOTE, New Haven, *Chairman.*

(Read by the Secretary in the absence of Dr. Foote.)

Mr. President and Gentlemen of the House of Delegates:

Your Special Committee on Health Insurance was appointed at the last annual meeting to consider any proposition relating to health insurance that might be brought to the public notice in the past year, and to take such action as it seemed best to them on such a proposition. Nothing requiring their attention has come to them. The committee has therefore held no meeting and taken no action.

Respectfully submitted,

C. J. FOOTE,

Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON PUBLICATION.

DR. JOHN E. LANE, New Haven, *Chairman.*

Mr. President and Gentlemen of the House of Delegates:

The report of the Committee on Publication this year consists of the copy of the Proceedings, which appeared in good season. It was edited entirely by the Secretary, and the duties of the Committee consisted solely of approving his work.

Respectfully submitted,

J. E. LANE,
Chairman.

Voted, to accept the report and place it on file.

REPORT OF THE COMMITTEE ON
PERMANENT FUNDS.

REPORT OF THE AUDITORS.

Dr. Steiner reported the necessary report was embodied in the Report of the Treasurer.

REPORT OF THE DELEGATES TO THE AMERICAN
MEDICAL ASSOCIATION.

DRS. JOHN E. LANE, New Haven, and WALTER R. STEINER,
Hartford.

Dr. Lane reported that the report of the last meeting of the American Medical Association in Boston had been published in the 1921 Proceedings of the Society. He further stated that the proximity of the current meeting of the American Medical Association would unquestionably permit publication of the report thereof in the Proceedings for this year.

REPORTS OF THE DELEGATES TO THE
STATE SOCIETIES.

To Maine: DR. GEORGE THOMPSON, Taftville.

Dr. Thompson was not able to attend the meeting; not properly notified.

To Massachusetts: DR. C. FLOYD HAVILAND, Middletown.

(Report read by the Secretary in the absence of Dr. Haviland.)

Mr. President and Gentlemen of the House of Delegates:

I attended the one hundred and fortieth anniversary session of the Massachusetts Medical Society, held in Boston, May 31 and June 1, 1921, under the presidency of Dr. Alfred Worcester, of Waltham, Mass. On the evening of May 31st, the so-called Shattuck Lecture was delivered by Dr. Haven Emerson, of New York City, his subject being "The Prevention of Heart Disease—A New Practical Problem." The address emphasized the importance of heart disease as a cause of death and physical disability, statistics being presented which indicated that between one and two per cent. of the entire population suffer from more or less disabling cardiac conditions. The speaker stated that no accurate statistics existed showing the prevalence of cardiac disease in different age level groups, but statistics are available which indicate it is far more common in childhood than is generally appreciated. It is certain the percentage of cardiac cases doubles in any average group between the years of seven and fourteen. However, as it is usually many years after the development of cardiac disease that patients seek medical aid, the physician must go back long periods in determining the original etiological infection. Emphasis was placed upon syphilis and rheumatism as definitely known causes, upon measles, scarlet fever, diphtheria and pertussis as very probable causes, and upon caries and dental infections as likely causes. The speaker argued for cardiac clinics, with follow-up social work in connection therewith, he pointing out that the prescription of occupation was an essential part of the

medical treatment. He decried the emphasis which has been placed upon specific and sudden exertion and excitement as causes of decompensation, he asserting that bad housing, prolonged worry and bad hygienic conditions were far more commonly the cause of decompensation than isolated overtaxing episodes. Reference was made to the work of the Burke Foundation at White Plains, New York, where treatment of cardiac cases includes physical exercise, even of a vigorous character in selected cases, both in the form of work and games. A large part of the benefit resulting from the introduction of physical activities as a part of treatment is found in the stimulation of morale, patients thus failing to lapse into the chronic invalidism so often characterizing chronic cardiac disease. It was argued that an educational campaign, comparable to the tuberculosis campaign, is needed before the problem of cardiac disease can be adequately met.

At the session held June 1st, the first paper was on "Maternity Aid and Infant Welfare," by Dr. W. P. Bowers, which was in large part a resumé of facts and arguments relating to maternity benefits and infant welfare, but it was also a plea for the desirability of state activities to better conditions. Emphasis was placed upon the influence of syphilis in causing stillbirths and infant mortality.

The second paper, by Dr. S. B. Woodward, on "Legislative Aspects of Vaccination," was a forcible presentation of the efforts which have been necessary in Massachusetts to secure and maintain adequate vaccination laws against the attacks of anti-vaccinationists. He gave numerous illustrations of the feeble arguments and lack of reason displayed by opponents of vaccination.

The third paper, by Dr. Goldthwait, on "Physical Education of Children and Physical Training in the Public Schools," emphasized the need of educating children along the lines of physical development. He commented upon the forty-six per cent. of defective men from Massachusetts in the late war, and clearly showed how such percentage could have been reduced had the men received proper health instruction in childhood.

Dr. Edsall, Dean of the Harvard Medical School, presented a paper on "Pre-medical Education," wherein he emphasized the value of a broad cultural basis for medical training. He argued that as medical students have so much work imposed upon them in the medical schools, they should master such elementary subjects as chemistry and biology before beginning the study of medicine.

The annual address, delivered by Dr. F. W. Anthony of Haverhill, at noon, June 1st, was on the subject, "Some of the Mutual Relations between the Physician and the Commonwealth," he arguing for a plan whereby the state might relieve physicians of a large proportion of the unremunerative work they now do, at the same time providing more adequate service. He felt that physicians would thus be saved many million dollars' worth of service to those who are unable to pay, and that the state would be able to provide such service at lesser expense.

The annual dinner was attended by approximately two hundred physicians. The Governor of the state, Governor Cox, gave an excellent address, wherein he urged physicians to take advantage of their close contact with the people to treat the public mind, to the end that the spirit of discontent, now so often apparent, might be dispelled. He felt that physicians could do much to impress people with the sense of civic duty. Mayor Peters of Boston lauded the influence of the State Society in public affairs, and also the services of the individual physicians, who had been connected with the various health agencies of the city. Dean Roscoe Pound, of the Harvard Law School, gave a brilliant address on "The Relation of Professional Men in General to the Public." Dr. Hubert Work, President of the American Medical Association, also gave a brief address.

One of the matters considered by the society was the desirability of discontinuing the custom of sending delegates to meetings of other state societies, because of apparent disinclination of some men to accept assignments. It was, however, the opinion of such members as expressed themselves that the custom was of distinct value, and no action was taken.

Owing to the meeting of the American Medical Association in Boston the week following the state meeting, no section meetings were held.

It should be added that your delegate was accorded all possible courtesy, every effort being made to render his visit both pleasurable and profitable.

Respectfully submitted,

C. FLOYD HAVILAND.

To New Hampshire: DR. SAMUEL M. GARLICK, Bridgeport.

Dr. Garlick reported his inability to attend last year's meeting through failure to receive proper notification, and also this year's meeting owing to the New Hampshire meeting being held on the same dates as the present meeting of the Connecticut Society.

(The Secretary telegraphed to the New Hampshire Medical Society the greetings of the Connecticut State Medical Society, and subsequently received a similar message of greeting from them.)

To New Jersey: DR. WILLIAM H. DONALDSON, Fairfield.

Dr. Donaldson reported his inability to attend the last meeting of the New Jersey Society through failure to receive proper notification, but that he planned to attend this year's meeting.

To Pennsylvania: DR. ROBERT L. ROWLEY, Hartford.

Mr. President and Gentlemen of the House of Delegates:

As the delegate from this Society it was both an honor and a pleasure for me to attend the meeting of the Medical Society of the State of Pennsylvania in Philadelphia last October.

The meeting was held at the Bellevue-Stratford Hotel. The size of the gathering and the formalities employed remind one of the meetings of the American Medical Association. A further resemblance is in the extensive side shows in the form of com-

mercial exhibits; further, in the fact that there are sectional meetings. There is what is known as the general section, the section on medicine, the section on surgery, the section on eye, ear, nose and throat diseases and the section on pediatrics. Each of these sections has its own chairman, secretary and executive committee and the sessions are held simultaneously.

Following the call to order by the President, Doctor Henry D. Jump of Philadelphia, there was invocation by His Eminence D. Cardinal Dougherty, Archbishop of Philadelphia. This was followed by the address of welcome by the Mayor of Philadelphia and this in turn was followed by the address of welcome by the President of the Philadelphia County Medical Society. That was followed by announcements pertaining both to the scientific session and to the social features.

Your delegate was given an opportunity to convey from this Society expressions of good fellowship as well as an interest in the scientific sessions which had been planned. So far as I observed Connecticut was the only state officially represented by a delegate.

The scientific papers were of a very high order and were ably discussed. A program of clinics at the different hospitals was arranged for the days preceding and following the scientific sessions. Upon the whole the meeting was an impressive one and your delegate is glad of the opportunity to record his pleasure in being able to attend.

Respectfully submitted,

ROBERT L. ROWLEY.

To Rhode Island: DR. WITTER K. TINGLEY, Norwich.

Dr. Tingley was not present; no report.

To Vermont: DR. SELDOM B. OVERLOCK, Pomfret.

Dr. Overlock reported his expectation to attend the last meeting but preventing circumstances rendered his attendance impossible.

REPORTS OF DELEGATES TO SPECIAL SOCIETIES.

To the Inauguration of President Angell at Yale University:

DR. CHARLES C. GODFREY, Bridgeport.

Dr. Godfrey informally reported his attendance, and expressed his appreciation of the opportunity afforded him by the Society to participate in this event.

To the Second International Eugenics Conference: DR. WILLIAM H. CARMALT, New Haven.

Dr. Carmalt reported his attendance. Two papers seemed of especial interest, one showing that Common Law Marriages were recognized in some forty states; the other, relating to Inbreeding Marriages, showing that in certain South American tribes marriages between blood-relations, except parent and child and brother and sister, were considered most desirable and had resulted in no apparent deterioration in the offspring.

REPORT OF THE COMMITTEE ON ARRANGEMENTS.

DR. WILLIAM A. LAFIELD, Bridgeport, *Chairman.*

In the absence of Dr. LaField, Dr. Gold reported the arrangements for the entertainment of the Society as indicated on the program.

Voted, that the Secretary of the Connecticut State Medical Society be authorized to employ the necessary measures to secure an annual exchange of Delegates between the said Society and the Connecticut State Dental Society. Such exchange of delegates was considered advantageous for the promotion of relations between the two professionally related societies.

The following resolution, prepared in accordance with the instructions and vote of the Council, was presented to the House of Delegates for subsequent action :

WHEREAS, The Connecticut Medical Examining Board has submitted to the Connecticut State Medical Society the correspondence between said Examining Board and the State Department of Health, in re one Dr. Robert P. Hammie, and

WHEREAS, The correspondence would show that said Robert P. Hammie was illegally licensed to practice medicine in Connecticut, having been passed by the Eclectic Medical Examining Board after repeated failures before the Connecticut Medical Examining Board, which latter Board alone represented the medical school from which the applicant had received his medical training and which Board was therefore solely qualified to examine said applicant in accordance with the Statutes of the State of Connecticut; and

WHEREAS, The Connecticut Medical Examining Board has expressed the opinion that the license of Robert P. Hammie to practice medicine in the State of Connecticut should be revoked, and has so placed itself on record; and

WHEREAS, The Council of the Connecticut State Medical Society approves and endorses this action by the Connecticut Medical Examining Board; therefore, be it

Resolved, That the House of Delegates of the Connecticut State Medical Society, at its annual meeting, May 17-18, 1922, confirms the action of the Council of said Society in approving and endorsing the stand taken by the Connecticut Medical Examining Board; and be it further

Resolved, That a copy of this resolution be submitted to the Commissioner of the State Department of Health.

The House of Delegates adjourned until Thursday, May 18, 1922, at 9:15 A. M., Standard Time.

Minutes of the House of Delegates.

SECOND SESSION.

The second meeting of the House of Delegates was held at the Welfare Building, Bridgeport, on Thursday, May 18, 1922, at 9.15 A. M., Standard Time. Roll of Officers and Delegates was as follows:

President, Charles C. Godfrey; Treasurer, Phineas H. Ingalls; Secretary, Charles W. Comfort, Jr.; Councilors: Fairfield County—Frank W. Stevens; Hartford County—Walter R. Steiner; Litchfield County—Elias Pratt; New Haven County—William H. Carmalt; New London County—Charles C. Gildersleeve; Windham County—Seldom B. Overlock. Absent: Middlesex County—Charles E. Bush; Tolland County—Thomas F. Rockwell. Delegates: Fairfield County—D. C. Brown (by S. M. Garlick), S. M. Garlick, J. D. Gold, C. J. Leverty. Absent: J. A. Clarke, F. C. Hyde, J. R. Topping; Hartford County—J. R. Miller. Absent: C. D. Alton, G. H. Bodley, A. W. Branion, D. DeC. Y. Moore, M. J. Morrissey, J. F. O'Brien, W. N. Thompson; Litchfield County—No delegate present. Absent: H. B. Hanchett, E. R. Kelsey; Middlesex County—J. F. Calef. Absent: J. H. Kingman; New Haven County—E. T. Bradstreet, J. E. Lane, R. A. McDonnell, F. H. Wheeler. Absent: C. Barker, C. H. Brown, B. A. Cheney, S. J. Goldberg, F. G. Graves, E. T. Sharpe, H. Thoms; New London County—A. C. Freeman. Absent: E. K. Devitt, J. G. Stanton; Tolland County—W. L. Higgins; Windham County—G. M. Burroughs, F. M. Smith.

(Some delegates reported absent arrived later; not checked.)

The following nominations for Officers, Committees, and Delegates for the ensuing year were presented by the Council:

For President, David Russell Lyman, Wallingford; Vice-Presidents, Samuel Pierson, Stamford, Frederick Thomas Simpson, Hartford; Secretary, Charles W. Comfort, Jr., New Haven; Treasurer, Phineas Henry Ingalls, Hartford; The Committee on Scientific Work: Wilder Tileston, New Haven, Chairman, George Milton Smith, Waterbury, The Secretary of the Society; The Committee on Public Policy and Legislation: Robert Lee Rowley, Hartford, Chairman, Charles Child Gildersleeve, Norwich, William Henry Donaldson, Fairfield, Elias Pratt, Torrington, Charles Jenkins Foote, New Haven, Clarence Eugene Simonds, Willimantic, James Murphy, Middletown, Thomas Francis O'Loughlin, Rockville, The President, The Secretary, The Committee on National Legislation.

For The Committee on Medical Examination and Medical Education, one member to serve for a term of five years, beginning January 1, 1923: Seldom Burden Overlock, Pomfret; The Committee on Honorary Members and Degrees: Charles Burr Graves, New London, Chairman, George Blumer, New Haven, Charles Cartlidge Godfrey, Bridgeport; The Committee on Medical Defense, one member to serve for term of three years, Frank Henry Wheeler, New Haven; The Committee on Hospitals, two members to serve for a term of three years: George Blumer, New Haven, Henry Bertram Lambert, Bridgeport; Delegate to the American Medical Association, July 1, 1922 to June 30th, 1924: Walter Ralph Steiner, Hartford; Alternate Delegate to the American Medical Association, July 1, 1922 to June 30th, 1924: Frank Kirkwood Hallock, Cromwell; Delegates to State Societies, July 1, 1922 to June 30th, 1923: Maine—Seldom Burden Overlock, Pomfret; Massachusetts—Charles Cartlidge Godfrey, Bridgeport; New Hampshire—Samuel Middleton Garlick, Bridgeport; New Jersey—William Henry Donaldson, Fairfield; Pennsylvania—William Henry Carmalt, New Haven; Rhode Island—Charles Burr Graves, New London; Vermont—Charles Joseph Bartlett, New Haven. For Delegates to Special Societies, July 1, 1922 to June 30th, 1923: The Connecticut State Hospital Association: The Chairman of the Committee on Hospitals, Alternate, one

other member of the same Committee; The Connecticut State Dental Association: Robert Hallock Wright Strang, Bridgeport.

Other nominations were called for; none were offered.

Voted, that the Secretary cast one ballot for the election of the Officers, Committees, and Delegates as nominated by the Council. Officers, Committees and Delegates as nominated unanimously elected.

Voted, to elect as an Honorary Member of this Society the nominee of the Committee on Honorary Members and Degrees, made at the Annual Meeting of 1921: Dr. Herbert Eugene Smith, of Los Gatos, California.

Voted, to continue the present Committee on a Sanatorium for the Nervous Poor.

Voted, to continue the present Committee on Health Problems in Education.

Voted, to accept the recommendation contained in the Report of the Committee on National Legislation, "that the Committee on National Legislation shall consist of three members, one of whom shall be the Chairman of the Committee on State Legislation" (meaning Chairman of the Committee on Public Policy and Legislation). Discussion by Drs. Overlock, Higgins, Donaldson. Membership of five to correspond to the five Congressional Districts suggested; three considered sufficient in view of the composition of the Committee on Public Policy and Legislation, namely, one member of the Committee from each County, and the close co-operation intended between these two Committees.

Voted, that the members of the enlarged Committee on National Legislation shall be appointed for the ensuing year by the Council of the Society.

Voted, to continue the present Committee on the History of the Medical Profession of Connecticut in the World War.

Voted, to continue the present Committee on Health Insurance.

Voted, to continue the present Committee on Requirements for the Practice of Medicine.

Voted, to accept the recommendation of the Council that the dues for the coming year be four dollars (\$4.00) per capita.

Voted, to accept the recommendation of the Council that the next Semi-annual Meeting of the Society be held in conjunction with the Windham County Medical Association, on Thursday, October 19, 1922, at such place and such hour as the Windham County Medical Association shall decide.

Voted, to accept the recommendation of the Council that the next Annual Meeting of the Society be held in New Haven, on Wednesday and Thursday, May 23 and 24, 1923.

Voted, to indefinitely table the proposed amendment to the By-Laws submitted at the Annual Meeting of 1920 by the Committee on the Recommendations contained in the Reports of the Delegates to the American Medical Association, the War Committee and the Committee on National Legislation, relative to making the Secretary of each County Association a member, ex-officio, of the House of Delegates. (See pages 52 and 53, Proceedings, 1921.) This proposed amendment was tabled for one year to secure an opinion from the Attorney-General of Connecticut whether the adopting of this amendment would not necessitate a change in the Charter; decided to obviate charter changes by requesting the County Associations to elect the Secretary of the County Association one of the Delegates to the Annual Meeting of the State Society.

Consideration was next given the resolution contained in the report of the Councilor from New London County:

Resolved: That the New London Society go on record as opposed to any insurance company using its organization as an advertising medium and that this society does not approve of the group plan of insurance as proposed by the Aetna Insurance Company and that our delegates to the State Society be so instructed.

Resolved: That the New London Medical Society petition the Connecticut State Medical Society to grant members of the Connecticut State Medical Society the same support and help as granted those members insured in the Aetna Insurance Company.

Discussion participated in by Drs. Gildersleeve, Freeman, Pratt, Wheeler, Godfrey, A. P. Merrill, Delegate from Massachusetts. Discussion showed: that the Committee on Medical Defense of the State Society was compelled to give medical defense protec-

tion to every member of the State Society, regardless whether insured or not, and that the Committee was determined to fight every case; that the taking of Group Plan insurance with the Aetna was in no sense compulsory or attendant upon receiving defense, though advised by the Committee on Medical Defense, both because of the low rate of premium charged by the Aetna for this type of insurance and because of the mutual benefit to be derived by the combined efforts of the Committee and the Insurance Company in fighting cases; that the Attorneys retained by the Committee on Medical Defense to care for the cases to be fought were in no way connected with the Aetna Life Insurance Company; that the resolution was the outgrowth of hostility on the part of certain of the practitioners in New London City toward the Aetna Insurance Company, and was the outgrowth also of misconception of the real relations between the Aetna Life Insurance Company and the Committee on Medical Defense.

Voted, to table the resolution. The Councilor from New London County would clarify the misunderstood points to the New London physicians.

Dr. S. B. Overlock expressed his belief that some cognizance should be taken of that part of the Report of the Councilor from Fairfield County dealing with the small-pox situation in Fairfield County. (Page 12.)

Voted, that the Secretary of the Society draft suitable resolutions supporting and sanctioning the action of the Department of Health of the City of Bridgeport and of the State Department of Health with respect to their activities to control and eradicate the present epidemic of small-pox.

In compliance with the above vote, the following resolutions were prepared and forwarded:

WHEREAS, The Department of Health of the City of Bridgeport by its initiative and energy succeeding in effectually stopping the current epidemic of small-pox among school children in the City of Bridgeport by prompt vaccination of the majority of the school children; and

WHEREAS, The Fairfield County and State Departments have shown like energy in their efforts to check the epidemic among persons of all ages by attempting to secure universal vaccination, especially in the various communities where small-pox has appeared; and

WHEREAS, Vaccination is recognized and accepted in all civilized countries as a proven measure for the absolute protection of vaccinated individuals from infection by small-pox; and

WHEREAS, This present epidemic is considered wholly unnecessary of occurrence provided the intelligent acceptance and legal enforcement of universally recognized proven preventive medical measures were attainable; therefore, be it

Resolved, That the Connecticut State Medical Society, through its House of Delegates, at the 130th Annual Meeting in Bridgeport, May 17th and 18th, 1922, endorses vaccination as a positive preventative against the contraction of small-pox; and further, be it

Resolved, That thorough approval and commendation are accorded the Department of Health of the City of Bridgeport and the State Department of Health for their attitude and activity in attempting to control and eradicate this epidemic; and further, be it

Resolved, That a copy of these resolutions be sent to the Department of Health of the City of Bridgeport and to the State Department of Health.

REPORT OF THE SPECIAL COMMITTEE TO CONSIDER THE REPORTS OF THE COMMITTEE ON MEDICAL EXAMINATION AND MEDICAL EDUCATION AND THE COMMITTEE ON REQUIREMENTS FOR THE PRACTICE OF MEDICINE.

The Special Committee appointed at the meeting of the House of Delegates on Wednesday morning, May 17, 1922, to consider and report upon the Dr. Hammie case referred to in the Report of the Committee on Medical Examination and Medical Education recommends that the matter be referred to the Committee on Public Policy and Legislation, with instructions to proceed to institute such steps as shall lead to the recall of the license that has been issued to Dr. Hammie by the State Department of Health.

Your Committee further recommends:

That the Committee on Public Policy and Legislation, acting under the powers delegated to it in Chapter VIII, Section 3, of the By-Laws, be instructed to investigate every case in which a license has been issued on recommendation of the Eclectic Board; and

That in every case similar to the Hammie case the Committee proceed in like manner to take steps to recall the license.

Signed: ROBERT L. ROWLEY,
D. CHESTER BROWN,
WALTER R. STEINER.

Voted, to accept the report and adopt the recommendations contained therein.

Certain communications were read by the Secretary to bring before the Society the desire of the Stamford Medical Society, to secure certain changes in the Compensation Law of the State, whereby an injured person might select his own medical attendant rather than allowing the Insurance Company to dictate where the injured should be treated. This matter had been brought before the Society several years ago, and had been referred to the Committee on Public Policy and Legislation; but the correspondence relating thereto had not been received by that Committee nor can it be found. The communications provoked discussion participated in by Drs. Pratt, Bradstreet, Overlock, Ingalls, McDonnell, Lane, Gildersleeve, Freeman, Stevens. The following points were emphasized: that the change in Section 4 of Chapter 142 of the Public Acts of 1919 proposed by the Stamford Medical Society was apparently a complete reversal of the present form of that section, and therefore demanded very careful consideration; that such changes involved further the right of one person to collect pay for services to another person from a third person without that third person's consent; that the Compensation Commissioners usually regulate and supervise the fitness of the medical attendants fairly early in the course of protracted cases, and exercise equitable judgment in this supervision; that the Insurance Companies are certainly entitled to employ such consultants as they desire; that the Society should be more conversant with all phases of the question and the policy of the Society should be carefully determined by the Society or its Council before the matter was referred to the Committee on Public Policy and Legislation, whose duties lie in attempting to secure the desired changes in existing legislation rather than in formulating these changes.

Voted, that the matter be referred to the Council for consideration and for such action as it considers proper.

The Report of the Special Committee appointed to consider the Report of the Committee on Medical Examination and Medical Education rendered unnecessary any action on the Resolution re Hammie, presented to the House of Delegates at the First Session, on the recommendation of the Council.

In response to the call of the President, Dr. Lyman, the newly elected President, briefly addressed the House of Delegates.

Voted, that the thanks of the Society be extended to the Committee on Arrangements for its efficient and successful efforts contributing so materially to the success of the Annual Meeting.

The meeting adjourned.

Business Transacted at the Scientific Sessions.

WEDNESDAY, MAY 17, 1922.

Dr. A. P. Merrill, Pittsfield, Massachusetts, Delegate from the Massachusetts Medical Society, replying to the President's welcome to visiting delegates, said that the question was brought up at that Society last year concerning the value of attending these various meetings, and it was the opinion of the Society very strongly expressed that they should be continued. One of the big problems before the profession is the interesting of practitioners in legislative matters. A few years ago the Employers' Compensation Act was put into practice in Massachusetts, and the doctors took no interest in it until it was passed and then found they were badly hurt. We are now hearing a great deal about the Shepard-Towner Act, health insurance, etc., etc. In the year since that was passed we have had trouble in many ways in trying to get the kinks out of it. The legislators are generally very glad to hear from the doctors in matters relating to legislation but the doctors do not give the time for it. The Legislative Committee goes to the hearings, but the legislators say: "You are only two or three men," whereas if each man would see his local representative a great deal could be accomplished. In Massachusetts the effort is made to concentrate this influence by grouping four or five societies together and bringing before them the subjects that are coming up,—education, etc. Dr. Merrill said he noted that the Connecticut Society was having trouble with medical examinations. In Massachusetts they were having similar trouble with the chiropractics, but by the plan mentioned they had been able to interest many men actively who had before shown no interest in legislative matters, and they hoped to carry that plan still further, and perhaps have committees composed of members from a group of states working together to bring about some uniformity in matters of state legislation; and perhaps have a joint New England meeting. The A. M. A. meetings are a great distance away, and it might be an advantage to have an

occasional meeting of the New England State Societies and in that way crystallize views along these lines, for it is much easier to shape legislation as it is passed than to correct it afterward. To-day there is a big fight on regarding the leaning to State Medicine, and much can be done by influencing the legislatures in advance. Massachusetts would be very glad to take part in such action if some other states would join.

Dr. Merrill closed by expressing his appreciation of the privilege of attending the Connecticut State Meeting.

Dr. W. A. LaField, Chairman of the Committee on Arrangements of the Fairfield County Medical Association, reported details of arrangements for the Smoker, for the Clinical Sessions, and for the Annual Dinner.

THURSDAY, MAY 18, 1922.

Dr. G. L. Chase, Clinton, Massachusetts, Delegate from the Massachusetts Medical Society, tendered the greetings from that Society.

Voted, that the Connecticut State Medical Society, at the 130th Annual Meeting, Bridgeport, May 17th and 18th, 1922, extends to the following a vote of thanks for the respective efforts as stated, contributory in large measure to the success of this annual meeting:

Dr. Francis G. Blake, New Haven, invited guest, for his paper.

Dr. Henry G. Bugbee, New York City, invited guest, for his paper.

The Superintendent, Bridgeport Hospital, for the clinics given.

The Sister Superior, St. Vincent's Hospital, for the clinics given and the luncheon served.

The Director, Department of Health, City of Bridgeport, for the opportunity for inspection of the Isolation Hospital and the clinic given, and for the use of the Welfare Building for the meetings of the Society.

The Committee on Arrangements, for their many and varied successful efforts for the entertainment and edification of the attending members of the Society.

The Clinical Sessions.

On the morning of May 18th, the following clinical program was given:

AT THE BRIDGEPORT HOSPITAL.

Operations and Surgical Demonstrations.—Drs. D. C. Patterson, H. B. Lambert, J. F. Shea, G. W. Hawley.

Medical Clinic.—Drs. F. W. Pyle, C. W. Gardner, F. H. Coops.

Obstetrical Clinic.—Drs. H. E. Waterhouse, T. J. Roche, D. B. Wason.

Pediatric Clinic.—Drs. F. L. Day, C. V. Calvin.

Radium and X-Ray Demonstrations.—Dr. W. A. LaField.

AT ST. VINCENT'S HOSPITAL.

Surgical Clinic.—Drs. J. M. Johnson, D. J. McCarthy, A. McQueeney, W. H. Curley, D. T. Banks, F. P. Carroll.

Medical Clinic.—Drs. T. F. Healy, R. B. Keane, B. L. Smykowski.

Neurological Clinic.—Dr. E. S. Brodsky.

Obstetrical Clinic.—Drs. B. B. Finkelstone, C. S. Conklin.

Pediatric Clinic.—Drs. D. H. Monahan, C. J. Leverty, E. B. Weldon.

Pathology.—Dr. H. R. DeLuca.

AT THE ISOLATION HOSPITAL.

Inspection of Building and Equipment, and Small-pox Clinic.—Dr. W. H. Coon.

Social Events.

The State Society was entertained by the Fairfield County Society with a smoker at the University Club, Wednesday evening. Vaudeville entertainment, motion pictures and buffet luncheon. Well attended and much appreciated.

The Banquet Thursday evening at the Stratfield was presided over by Dr. Fritz C. Hyde, as toastmaster. Responses by retiring President, Dr. Godfrey, and the incoming President, Dr. Lyman.

The address of the evening by Dr. George E. Vincent, Chairman of the Rockefeller Foundation; subject, "Medical Education in Many Lands." "A wonderful address"—by unanimous consent.

The Committee on Arrangements of the Fairfield County Medical Association was composed as follows: Dr. William A. LaField, Chairman; Dr. Daniel C. Patterson, Dr. William H. Curley, Dr. Eli B. Ives, Dr. John M. Johnson.

THE PRESIDENT'S ADDRESS.

THE PRESIDENT'S ADDRESS.

DR. CHARLES CARTLIDGE GODFREY, Bridgeport.

HOSPITAL AND COMMUNITY RELATIONSHIPS.

The hospital, which has become a recognized necessity in all civilized communities, had its origin long before the Christian era and was established for the care of those whose condition made treatment at their homes or by their relatives an impossibility.

It is only within recent times that persons suffering from comparatively mild afflictions, or with more serious ailments, have chosen hospital care and treatment, by reason of the more thorough methods of the modern institution and the fact that many methods of diagnosis and treatment are far better undertaken there, in fact in many cases would be practically impossible elsewhere.

The hospital therefore has slowly evolved from a place where patients were sent as a last resort, to a place, which is becoming more and more looked upon, by a constantly increasing portion of the community, as the logical one for the more thorough and scientific investigation and treatment of disease.

It is evident that the hospital owes the community a debt of service commensurate with the very best that medical science can give, and also that the community owes to the hospital every facility which they can provide in help and recognition, that the hospital may be held in high estimation and provided with all necessary equipment to serve the community. This relationship should be mutual and equal.

The value of the hospital to the public is becoming more widely appreciated; the duty of the public to the hospital, while perhaps not far behind, still has not reached the goal to be desired.

The value of the hospital to the public must be proportionate to the aid given the hospital by the public, for without proper facilities and equipment the work of the hospital quickly deteriorates, the spirit of progressiveness slackens.

It is to the interest of the public that the hospital reaches the highest state of efficiency and is kept there.

The community should look upon the hospital as an institution in which they will receive the best treatment and skill that science can afford, in which, at any time, they may find themselves often unexpectedly requiring the personal need of all the resources at its command, and therefore they should look upon it not only as a public need but as a personal one. The ideal hospital should meet all the medical and surgical wants of the community.

The very best men in the community should be on the executive board of the hospital—men with an active and progressive spirit, who not only attend the formal meetings of the board, but devote part of their time to a study of the details of all departments of the institution and how these may be improved upon and kept up to the highest standards. It is upon the work of such a committee that the success of the institution in comparison with others largely depends. The superintendent should be a physician known for his business ability and trained for his special duties. He is the servant of the executive committee, and should see that they are kept informed of the running of the institution in all its branches.

To be thoroughly efficient, all departments should be standardized from the Board of Directors and Executive Committee down to the hired help.

The equipment of the hospital should be complete and of the highest standard; its medical personnel of the best qualified men to be procured.

No man knows but that he may be the next one to be admitted at its portals, and his life and comfort may depend upon the completeness of its equipment. This completeness can only come from the public recognition of the duty it owes itself in providing the best means of relieving the suffering and prolonging the life of its members.

First impressions are often those that linger longest in the memory, and therefore every effort should be made to make the admission of patients as easy, comfortable, and pleasant as circumstances will permit. A kind word will often relieve a feeling of dread, and inspire confidence in their minds. They enter the hospital with a variety of emotions—many not knowing what Fate

may have in store for them. These persons should have our kindest consideration.

As a rule, the hospital is a "terra incognita" to the average person in the community. But little effort is made to bring before the public a knowledge of the work it does, how it is done, or the results achieved. To many, the only notice they have of hospital activity is derived from the death notices in the daily papers.

To have the public interested in the hospital, we must make the hospital interesting to the public. No one cares to patronize an institution of whose work they have but slight or no knowledge. Why not open its doors occasionally and introduce people to other parts of the building than its reception rooms and its wards? Invite the members of the Chamber of Commerce, the Rotary Club and other organizations to meet at the hospital, to go through it, to inspect its ice boxes and its kitchens, its laundries and its laboratories. Tell them of its needs and what it does for the community. Invite them to dinner and charge enough for it to more than cover expenses. They will have a most interesting time, and incidentally, the hospital will not suffer.

The hospital should be the medical center for its immediate surroundings; and one of its aims should be to raise the medical standards in the community. Invite the medical men, not members of the staff, to attend the regular meetings and listen to or take part in the medical discussion in relation to disease and care of patients. It will broaden their ideas, increase the interest in their work, make them more valuable to the citizens in whose interest the hospital is supported, and in other ways contribute to a more harmonious relationship between the hospital, the medical profession, and the laity.

INTERNES.

The interne should receive more consideration than he does in many institutions. We should remember that he is to be the future practitioner—clinical instruction and lectures, with the opportunity of doing minor and major operations under supervision, should be his. Also he should be required to diagnose and

suggest the course of treatment in suitable cases. In theoretical work, he has been well instructed. The practical side of medicine is that in which he is usually deficient, and is the one in which we can teach him to have confidence in himself, and as a result, his patients will have confidence in him.

PATHOLOGIST.

Every hospital should have its pathological department and its pathologist. An institution without these accessories is like a ship at sea without a chart. Small hospitals could unite in having a visiting pathologist who could give a portion of his time to each, leaving the intermediate work to a whole time trained technician.

In case of surgical procedure, all material removed should be sent to the laboratory for a report.

There is no question that too many unnecessary operations are being performed at the present time, and the above suggestion would serve to check in some degree this menace to the welfare of the community.

NURSES.

The nursing question is rapidly becoming one which demands a readjustment both from the hospital and community standpoint.

The graduate nurse of to-day is on a different plane from those of a quarter of a century ago.

The modern curriculum with the long three years' course of training added to the demand that the pupil shall be a graduate from a high school with its four year course, results in an over-educated individual as far as nursing is concerned, and develops one better fitted for other duties.

I do not wish to be misunderstood as to my position, for I am a strong advocate of education; but if one's life work is to be that of nursing, the teaching should fit for that occupation, and work that fits for other positions should be restricted as far as possible.

If the teachers in a kindergarten school were required to take a graduate course in one of our large universities, the result would be that the kindergarten would suffer and perhaps become extinct, for these teachers would easily command positions in higher fields.

The very term "graduate nurse" is fast becoming a misnomer, for these nurses either marry or become visiting nurses, or school nurses, or district nurses, technicians, or attendants in physicians' offices—positions which only by a very broad interpretation can be construed as nursing under the usual signification of that term. There is to-day a great public demand for more nurses, there is also an increasing demand for women to fill the positions above referred to. How are these demands to be satisfied? It cannot be done under the present method for there are not enough available candidates.

To meet the requirements,—it does not take a woman as long to become a typist or stenographer as to become a nurse; the hours of work are shorter; the salary as remunerative, and there is more time for recreation and amusement. How can you expect a young woman to give the best years of her life to a profession, when with less effort she can do better? How then are we to meet the situation?

First, we must recognize that by nature, women, as a rule, are natural nurses. They have a nursing instinct which man does not possess. Second, that there are in this country a great number of women with a good common school education, clean, healthy women with womanly instincts who can pass a creditable examination in the three R's—who would make with a year's instruction in the elements of nursing, nurses who would meet every requirement of the community in 99% of the cases.

Those candidates who have had high school instruction could take the same first year's course and then devote as many years as are necessary in fitting themselves for special nurses in serious cases with the advanced training necessary, or could fit themselves for school nurses, learning to differentiate the common skin affections, throat troubles, etc., so that they could advise the parents in regard to the necessity of having a physician, or they could be specially instructed as visiting nurses, or health nurses, etc.

Some of the best nurses who have ever been graduated from our hospitals were those who did not receive a high school education; women capable in every way to perform all the duties of their profession; and who are still looked up to by their physi-

cians and patients as possessing all the requirements of the perfect nurse—both mentally and morally—women who have not as yet introduced commercialism into their work; but who still have the best interests of their patients at heart.

An attempt was made shortly after our entrance in the late war, to establish the training of short term nurses. The Connecticut State Council of Defense urged their establishment. Several of our large hospitals agreed to conduct the classes. There were applicants from all parts of the State who desired to take up the study, but the scheme fell through largely owing to the opposition of interested parties, and so we were left with a corporal's guard of nurses to care for our own sick, and to endure the suffering caused by the epidemic of influenza, when many were unable to procure nursing assistance.

IN CONCLUSION.

The public should be shown that an institution that meets all the requirements that a community should demand must necessarily be divided into departments under the control of specialists and be equipped with very expensive apparatus, which cannot be provided and maintained unless the necessary funds are donated by the public, and the hospital should expect just as much from the community as the community expects from the hospital. More and more, the hospital is coming into closer relationship with all classes of citizens who should look upon its work as closely related to their welfare, and where, in case of need, they can look for all that is best in medicine and surgery.

Group diagnosis, which is pushing its way rapidly to the front with the special equipment at its service, may here reach its highest development. Research work, either alone or in connection with other hospitals, may here rapidly extend our knowledge and confer further untold blessings upon the human family.

We must educate the public to look upon its work as closely related to them, their families and their friends; that, as a matter of insurance, they should do their part in maintaining its high standards and efficiency.

SCIENTIFIC PAPERS.

Treatment and Prognosis in Fractures of the Femoral Shaft.

DR. PAUL P. SWETT, AND DR. SIDNEY H. MCPHERSON, Hartford.

Fractures of the femoral shaft belong in the class of major surgery and the treatment of these injuries is so important, economically and socially, that it warrants our serious consideration. Such results as delayed union, non-union, vicious union, shortening, bowing and limitation of knee flexion are all too frequent. It is the purpose of this paper to report statistically a recent series of fifty femoral shaft fractures in order to show exactly what has occurred and, therefore, what we may expect to occur in the average. Certain conclusions may be drawn from such a study which may serve as guides for our future endeavours. This study would appear to be particularly important in view of the dearth of similar critical analyses in our literature.

Up till 1910, and for three decades before, the generally accepted treatment for these fractures was skin traction, side splint and ham splint; in practice all too frequently abbreviated to skin traction. Unsatisfactory results frequently occurred due, in large measure to the abuse of the method. It is a complicated, intricate method demanding skill and patience. The weight must be adequate, the traction straps must not slip, counter traction must be established, the anterior bow of the femur must be maintained by a properly fitted ham splint, rotation of the thigh must be controlled by a side splint, and, in modern times, radiographs must be made at the bedside to check up the apposition and alignment at frequent intervals. Above all else, the traction must be constant, continuous and complete. It is no wonder abuse occurred; such intricate details could be achieved only by experts in well equipped hospitals and then almost none of these hospitals had portable X-ray equipment. Without the latter the method had to be abandoned and in many, many instances it was for one or the other of two substitute plans. The first was supplied by a trac-

tion machine such as the Hawley table which permitted the application of plaster immobilization during strong traction. The other and more hazardous plan was open reduction, direct fixation and plaster immobilization. During this period, we, personally, adopted the Hawley table and plaster dressing plan. If satisfactory apposition and alignment were not thus secured and maintained, an open reduction and direct fixation was adopted. Others tried the old-fashioned Buck's extension and still others resorted at once to open reduction and direct fixation with different materials.

In this chaotic state the Great War found us and we recall very vividly the early days with those fantastic plaster splints, corrugated, fenestrated, reënforced, dirty and weird. Then, by Jones' democratization of the Thomas splint and by Blake's perfection of suspension methods, traction came into its own again and the heart of the orthopaedic surgeon was gladdened. The combination of suspension to equalize muscle pull with traction applied directly to the bone by Steinman's pins or ice tongs together with Thomas splints, permitting motion at the knee and hip and the routine use of the bedside X-ray has provided a means of treatment still complicated and still requiring experience and skill but which is effectual in a goodly proportion of cases. If it fails after a careful attempt, the open method may be used as a last resort. Theoretically, this plan ought not to fail; practically, it does fail at times in the lower third and in the upper third fractures, by reason of the inability to equalize either the extensors of the foot or the flexors of the thigh. If open operation is necessitated, we prefer direct fixation by a metal plate and screws for the transverse fractures and the Parlam Band for the oblique fractures. Autogenous or exogenous bone grafts, intramedullary or inlay, may be used but they offer no advantages over the plates or bands in our hands.

The questions of prognosis relate to the length of time for boney union, the length of time for resumption of function, the mortality, the amount of shortening, the extent of deformity, the interference with knee motion, the percentage of permanent par-

tial disability and a realization that in any series of cases a certain number are bound to be of a pathological type. The best authorities indicate the following with regard to these questions.

Stimson gives six to seven weeks for the time of union, and ten weeks as the time to discard crutches. Moorehead says most fractures of the femoral shaft recover with one half to two inches of shortening. Preston says in unoperated cases shortening is the rule and that angular or rotary deformity is not uncommon. If the shortening does not exceed one to one and a half inches and the general alignment is not changed, the result is said to be good. Keen's Surgery gives six to eight weeks for boney union and says that a good result has been obtained if there is not more than one inch of shortening and no angular or rotary deformity.

The cases upon which our statistics are based include only fresh, simple fracture of the femoral shafts and they do not include fractures of the condyles, the anatomical neck, compound, ununited or mal-united fractures. Two cases of pathological fracture are included because in any such series this type is bound to occur occasionally and it must be reckoned with for its effects upon the prognosis.

In our present series of fifty cases, eleven were in the upper one-third, twenty-five in the mid-third and fourteen in the lower one-third. Thirty-five were transverse, thirteen oblique and one spiral. Twenty-two of these cases were satisfactorily reduced on the Hawley table and immobilized in plaster, nineteen were subjected to open reduction after failing with the Hawley table or with traction. Three were treated with skin traction; six were treated with skeletal traction; four by ice tongs and two by Steinman's pins. Of the nineteen open reductions, eight were not directly fixed; four were plated and five were grafted. In speaking of the method of treatment we refer to the plan in a given case that was finally adopted and no plan was finally adopted till a satisfactory degree of apposition and alignment were secured. The average time for boney union in all types, in all ages and under all circumstances of treatment was twelve weeks. In the

non-operative or closed reductions the average was approximately nine and a half weeks and in the operated cases it was fourteen weeks.

Thirty-six recovered with no shortening. Of the remaining fourteen cases, two were pathological, the results in four are not known, leaving eight in which shortening occurred, three of these having been operated and five treated by some closed method. In two cases actual lengthening resulted. Shortening occurred, therefore, in approximately 16% of these cases. Delay in function by reason of interference with flexion at the knee was found in four cases. Angular and rotary deformity have resulted in only two cases. No cases of non-union have occurred. No case has presented more than one inch of shortening. Shortening has not occurred in any case of the transverse type. With one exception there has been no permanent partial loss of function in any of these cases. The time required for the resumption of occupational use we can only estimate but it appears to have been about eight to ten months in the average. There has been no mortality; operative infection occurred in one case.

The lessons to be drawn from this statistical study may be applied to the treatment and to the prognosis. From the stand-point of treatment, it seems evident that non-operative plans yield prompter bony union than operative plans. We cannot tell with certainty that the method of securing apposition and alignment is of great importance. Union occurs promptly and function is resumed early if good apposition and alignment are secured early whether by means of traction and suspension or by traction and plaster fixation.

On theoretical grounds one would suppose that promptest return of function would result in the cases treated by the fullest possible amount of hip, knee and ankle motion but so far as this series goes, equally good results have been obtained by the plaster fixation. Since, under some circumstances, this method is preferable, we feel that it should not be condemned or utterly discarded. It is particularly useful in small hospitals, in hospitals where portable X-ray equipment is lacking; or where the lack of a

full staff precludes the constant detailed attention demanded by the suspension and traction plan. The nursing care of young people and children is facilitated by the plaster method. We have made it a routine to get X-rays at the end of three weeks in plaster so that if the position were changed a new plan could be adopted without delay.

To sum up the conclusions, concerning treatment, we believe that this series indicates: first, that the primary factors for success are prompt restoration of alignment and apposition. Second, that the means to secure these ends are immaterial but that as a rule closed reduction and indirect fixation are preferable to the open reduction and direct fixation. Third, that suspension and traction offer the best external means and that skin traction is to be preferred to skeletal traction. Fourth, that skeletal traction should be tried before open operation is decided upon. Fifth, that reduction by traction on the Hawley table with subsequent plaster fixation as a practical matter does yield surprisingly good results and is the method of choice under certain circumstances of environment.

So far as prognosis goes, these studies show: first, that the time required for union is approximately twelve weeks or nearly twice as long as the usual text book period. Second, that shortening should not be the rule since it occurred in only 16% of this series. Third, that the mortality is very small since no deaths occurred in these fifty cases except for two cases of malignant disease. Fourth, that the amount of shortening should never exceed one inch and this only under exceptional circumstances when it is deliberately accepted as a choice rather than to adopt another and usually the open plan of treatment. Fifth, such deformities as bowing and rotation, since they are greater factors than shortening in their effect upon disability, should not occur unless they are deliberately chosen because they can both be prevented by open reduction and direct fixation with very rare exceptions.

Sixth, limitation in flexion at the knee need not be accepted as a permanent thing since the Bennett operation for lengthening

the quadriceps muscle can be employed to restore motion. Seventh, the length of time for the resumption of function is apparently longer in this series but it seems to us not unreasonable to find an adult unable to resume his work inside of nine months.

DISCUSSION.

DR. ANSEL G. COOK, Hartford: I have nothing to add to what has already been said. The object of treatment of the fractured femur is to get the bones in apposition, which is sometimes easy and sometimes impossible, and then to hold them in position while the process of healing goes on, which is always difficult. It has been said before that any splint which is comfortable and holds the bones in position is a good splint. What I wish to emphasize is the after care of these cases. I set two fractures of the middle third of the femur in the army hospital in San Antonio with the Thomas splint, without having any shortage, but I had to watch that Thomas splint with eternal vigilance; I watched them two, three, four times a day. The straps slipped, the buckle slipped, and the webbing stretched. The old idea of setting a buckle and letting it go is all wrong. If a fracture cannot be properly treated afterwards, the plaster of Paris splint is the best thing.

DR. JOSEPH E. ROOT, Hartford: This has been a very profitable and very interesting paper and, as has already been said, the author is to be congratulated upon the results he has obtained. In fractures of the femur, particularly, we must figure upon the question of the opposing forces in getting apposition,—and these are, of course, the trauma and swelling and the consequent muscular spasm. My own belief is that it is not always best to put too large an amount of traction immediately upon a broken limb. Of late years, I have put them up earlier, but rather against my former judgment, for the reason that to overcome the spasm of the traumatized muscle you have to exert an amount of traction, either fixed or otherwise, more than the parts can possibly bear. My own practice has been that of putting the limb into an apparatus which would lend the greatest comfort and by means of which the swelling and trauma could be reduced, and then put into fixed traction. The various apparatuses which have been developed lately, as has been remarked, depend largely upon eternal vigilance for success, and our hospitals are the only places where we can carry out this work successfully with the elaborate traction apparatus; for the average man, who does not have the advantages of hospital work with all its details, the method of fixed traction is the best. My own experience has led me to the use of the long plaster spica, with the foot at a right angle so that you get traction upon it, and the heel as one fulcrum and the perineum as the other, and carrying the spica well up to the umbilicus, we have two fixed points, the

perineum and the foot, which it is difficult to get away from. With other means of traction there is always a question of slipping and a matter of constant readjustment; if a leg is put up in that way, it is bound to stay there.

The matter of the length of time required is not a surprise. The statistics of the New York Compensation Board show that two occupations,—namely that of policemen and firemen,—require nine months of convalescence for a fracture of the femur; that is the time in the average case which these men require in order to return to full regular work. In all of our weight-bearing bones we have previously given too short time, and after a patient goes out from our care they frequently come back with a bent leg.

I fully agree with the sentiments expressed in the discussion in reference to having a fracture department in our hospitals. I am connected with a hospital in which for twenty years all the fracture work has been given to the orthopedic department and each man is obliged to see his patient clear through. This plan seems to work very satisfactorily for the interest of the patient.

Hospital Progress during 1921.

DR. JOHN F. BRESNAHAN, Bridgeport.

Superintendent of the Bridgeport Hospital.

Inasmuch as this meeting is the only one of the year it is perhaps not too late to review briefly the progress made in the hospital field during 1921.

Let us first enumerate the more striking advances in the hospital field, and then consider them separately. We would enumerate them as follows:

1. The completion of the first year of work by the American Conference on Hospital Service.
2. The unification of hospital forms and record blanks made by the committee of the American Hospital Association.
3. The almost universal adoption of the Minimum Standard of the American College of Surgeons.
4. Perhaps the greatest of all achievements of the year—the awakening of public interest towards the necessity of providing proper hospital facilities in the community.

I. In 1919 the American Conference on Hospital Service was organized with the object of bettering hospital conditions in the United States and Canada. This association is made up of practically all the associations interested in hospital fields, as for example: National Catholic Council, American Medical Association, American Hospital Association, Red Cross Catholic Hospital Association, American Association of Industrial Physicians and Surgeons, American Association of Hospital Social Workers, the Army and Navy Medical Service, etc. During the last year the following co-operative scheme was worked out with great success:

1. The endorsement of the standards of the American College of Surgeons together with the formulation of additional standards applicable to
 - a. Follow-up work.

- b. Statistical reports of clinical work, accounting, nursing and the like.
2. The training of hospital executives by co-operation of the Committee named by the Rockefeller Foundation.
3. Development of higher medical standards and more efficient community medical service through post-graduate teaching.
 - a. To support the further development of interne standards of the American Medical Association.
 - b. To promote the fifth or interne year as the prerequisite for independent practice.
 - c. To encourage systematic teaching of graduates at hospital centers.
 - d. To promote plans for the establishment of closer relations between practitioners and well-equipped diagnostic centers at hospitals and dispensaries.

In addition to the above program the Conference has established at its headquarters in Chicago a Hospital Library and Service Bureau which has had a phenomenal development. At this Bureau information as to hospital work of architects throughout the United States and Canada is available. Plans of over 500 hospitals and nurses' homes are on file for reference. Package libraries on a variety of subjects are prepared and are sent out on application. As an illustration of what these package libraries contain, one on the subject of community hospitals is made up of articles clipped from the various hospital journals on the preliminary organization and planning of community hospitals, articles describing general hospitals of approximately the same size as the hospital contemplated, a copy of a constitution and by-laws for a community hospital, a set of record forms suitable for a small hospital, pamphlets, reports, and other printed matter showing how other communities have organized and operated their institutions, and reference list of such additional material in magazine or book form as cannot be sent out of the Library. This material is not sold or given away, but is loaned for a period of three weeks, at the end of which time it is returned to the Library so that it may be sent to other persons interested.

II. At the American Hospital Association meeting last September a really epoch-making report was submitted by the Committee on Hospital Forms and Records. This Committee of three members made a collection of thousands of forms used in accounting, hospital administration, and in the keeping of patients' records. This collection included forms used in all the important hospitals in this country and Canada. The Committee then proceeded to select the best features of all the forms and to condense them into one system. They did this to the forms and blanks used in hospital administration, they devised a complete set of forms used in record keeping, and what is more important yet, devised a simple standard of accounting applicable to both large and small hospitals. The Globe-Wernicke Company undertook the printing and issuing of these different forms, so that now any hospital can send to that company in Cincinnati and obtain standard forms which have been devised to eliminate waste due to odd sizes of paper and special printing. Recognized accounting firms throughout the country had been selected to install the standard accounting system which was devised. The results of this work have been as follows: Hospitals are now able to use standard sizes of filing cabinets and case record blanks that are uniform throughout the country and designed to fit the typewriter; and by means of the standard accounting system, hospitals are able to compare their costs, and thus conduct their business in an intelligent manner, and to compare their record of performance both as to expenditures and costs with other institutions, something which they have not been able to do heretofore.

III. The Minimum Standard of the American College of Surgeons may be now truly said to be accepted by practically every hospital worthy of the name throughout the United States and Canada. In 1918 of the general hospitals of 100 or more beds in the United States and Canada but 89 met the standard. In 1919 there were 198 which fulfilled the requirements. In 1920 there were 407 or 57 percent which then met the standard, and during the year of 1921 there were 573 out of a total of 761 general hospitals or 75 percent which met, at least the Minimum

Standard of the American College of Surgeons. In this connection let me quote from this year's (1922) report of the College:

"Quoting Dr. M. C. Seelig in speaking of the reaction of the Board of Trustees to the College Program, he said:

"The relationship between the standardization program and the layman is a most interesting one. In most communities the word hospital signifies brick and mortar containers for sick people. It means this not merely to the community at large, but only too frequently to the members of boards of directors themselves. Quite unexpectedly these boards of directors found themselves face to face with an agency which, to use the words of Mr. Bowman, was selling the idea of hospital efficiency. As far as my own experience goes, I can certify to the facts that the idea was sold to them and that they value their purchase. My own board realizes, as never before, what records mean, they are awake to the importance of all varieties of hospital inter-departmental co-operation and they have gone through the period of school boy suspense waiting to see how they would be graded.

"What does this mean? It means a beginning of educating the layman to understand and appreciate the real functions of a hospital. Such understanding and appreciation carries with it the corollary that laymen will be better able to appreciate and estimate the services of the medical staff. The rendering of adequate medical service begins to take form in the lay mind as a very concrete idea.

"To sum up then, in just a word, the program of standardization, as I interpret it, has resulted in the first place in stimulating surgery to higher and better efforts. It has done this by a subtle strengthening of esprit de corps, and by setting the great body of surgeons to work doing their own house-cleaning on an adequately comprehensive scale. In the second place it has resulted in starting the education of groups of laymen, scattered throughout our country. Education is highly infectious, and one may safely hope that knowledge will spread until the layman will gain an intelligent appreciation of hospital ideals."

IV. The awakening of public interest towards the necessity for providing proper hospital facilities is one of the healthiest signs of these times. The public is not waiting for the State to step forward. The public never has waited for the State to step forward. It is a somewhat curious fact that most hospitals are started by and named for lay people. State hospital associations are being rapidly formed for the purpose of mutual helpfulness throughout the States. The first state association was formed in Ohio in 1915 and during these seven years eighteen state associations have been organized. The last one, organized a few months ago, was the New England Hospital Association. A survey of the field recently made shows that one hundred three (103) cities in this country badly need increased hospital facilities. Hospital construction as contemplated for this year will aggregate about three hundred millions of dollars, this being divided as follows: New England fifty-four (54) millions, North Atlantic States ninety-five (95) millions, South Eastern States seven (7) millions, South Western States twenty (20) millions, Middle States ninety-seven (97) millions and the Western States forty-three (43) millions.

And finally during the last year the country has seen one striking advance in contemporary medicine, an advance for which the hospitals have pointed the way. I speak of the so-called "Group Practice" in its variety of forms throughout the country. This institution of "Group Practice" is based on co-operation of medical men and co-ordination of medical facilities, a lesson which the modern hospital has of late years strongly emphasized. The "Group Practice" idea is nothing more or less than an effort to systematize the practice of consultation. Consultation is the corollary of specialism. And this age may be termed the age of specialists. Unless there is access to frequent and comprehensive consultation there is a danger that a patient will not have the benefit of every aid known to medical science. Who will say that every patient is not entitled to every aid known to medical science? "Group Practice" is an attempt to furnish these aids at moderate costs and with no loss of time.

Those who object to "Group Practice" are objecting to the principles of team-work. But if we stop to consider the matter we will see that modern progress, whether it be progress towards victory in wartimes or the victory in our constant war on disease, is being brought about by team-work. A number of hospitals during the past years, especially in the West, have fostered the idea of team-work by instituting Group Work within the hospital. In some hospitals, for example the Massachusetts General, some of the doctors have their offices within the hospital proper in order that their patients might have the benefit of the diagnostic facilities at the hospital. So-called "Group Practice" is the idea of providing the same facilities *outside* the hospital.

In closing may I express the hope that the near future will bring to our own city an establishment of the "Group Practice" idea for the saving of time and energy in securing accurate diagnosis. I look forward to the time when the Bridgeport Hospital will provide a suitable building where its doctors may see all their patients within the hospital buildings, for two reasons:

1. In order that better service may be rendered to the patients of staff doctors.
2. That the doctors' time might be largely spent within the hospital walls because it is found that where doctors spend large amounts of time in the hospital, the patients, the doctors, and especially the hospital, all benefit therefrom.

DISCUSSION.

DR. GEORGE BLUMER, New Haven: The paper has been an exceedingly interesting one to me since for the last fifteen years I have been connected with a hospital, as a medical officer and also as a director and a member of the Executive Committee. Inasmuch as I did not know I was to discuss this paper, I did not keep accurate tab on the different points brought out by the reader, so I can only speak in a fragmentary way on one or two points that occur to me. Dr. Bresnahan's report has brought up a number of ideas. One of them, the last point, was the question of group practice. It has seemed to me for a good many years and to some of my friends, Dr. D. C. Brown among others, that the idea must be carried still further than group practice. In San Francisco some years ago we had an organization of

hospital men which we called an inter-hospital society; each of the hospitals had its own staff meetings and in addition the staffs of all the hospitals got together during the working part of the year at stated intervals, meeting at each other's hospitals every two or three weeks. The staff of the hospital visited would exhibit their interesting material, and the methods in use there would be described. The plan was found to be an exceedingly stimulating one. In a small state like Connecticut certain things are possible which are not practicable in a tremendous state like California. In most of our large cities there are two or three separate hospitals, and it would seem easily possible for the medical staffs of these different hospitals to get together at intervals and discuss methods and present interesting cases. In the State of Connecticut, we might even go further, and find it practicable to have an Inter-urban Hospital Society to which the staffs of the various hospitals would belong and have stated meetings at intervals,—perhaps during the summer months,—to see what was going on in the different hospitals and pick up ideas that might be valuable. That was the main idea that came into my mind when listening to Dr. Bresnahan's paper.

The question of group practice is an important one; at the same time, there is a tendency to speak of group practice as though it was something new. As a matter of fact, I think that modern group practice is merely raising to the *n*th power what has been going on in our hospitals, especially the larger ones, not only for years but for generations. I think it is true that in the larger hospitals the different staffs have not been in the habit of calling upon each other as much as they might, yet at the same time there has been a growing tendency for the different staffs to call upon each other for aid, so that as a matter of fact there is nothing new in group practice; it is simply the extension of what has been going on for years, especially in the better hospitals.

DR. MILTON C. WINTERNITZ, New Haven: [Remarks deleted at Dr. Winternitz' request.—Ed.]

DR. DANIEL C. PATTERSON, Bridgeport: The paper is very timely and very much to the point. The fact that it was not all theory is demonstrated by what has been put into practice by the author at the Bridgeport Hospital. All the members of the staff there are unanimous in the opinion that he has done splendid work along the lines laid out in the paper. I was an interne fifteen or sixteen years ago and certainly the training, the hospital management, and the hospital work has changed greatly in that time. It was then the rule for the different services to go it alone; now we use every opportunity we can to have consultations with all the different branches and are greatly benefited thereby.

DR. WILLIS E. HARTSHORN, New Haven: The matter of group practice which I think was mentioned in the paper just read by Dr. Bresnahan

attracted my attention to this much exploited subject. The field for group practice if any is I feel in the smaller cities or communities, without hospital facilities, where a combination of this type permits the employment of technicians for laboratory and X-ray work which would be too expensive for the individual physician to support. Here I believe the commercial atmosphere would be practically eliminated and the patient really benefited.

In many places the groups are formed simply because the organizers think the chances of commercial success are great and each patient has to run the gauntlet of a number of specialists and thereby pays a large fee into the common treasury. This is especially true in large cities.

I think the groups are not needed where hospital and laboratory facilities are ample and open to all practitioners. I do not wish it understood that I do not appreciate the importance of thorough physical examinations. I believe thoroughly that each patient should have the benefit of most careful investigation but I do not believe that patients should be exploited as commercial possibilities in order to secure this.

I think it is far better for each physician in the larger cities to make a *complete* physical examination himself and refer his patient as is now usually done for other necessary examinations.

The danger of group practice is commercialism.

DR. PHINEAS H. INGALLS, Hartford: I have been connected with a hospital for some forty years, all the time as visiting surgeon, and for the last fifteen or twenty years I have had a great deal to do with the management of the Hartford Hospital; and I can see a great difference and improvement between the management of the hospitals of to-day and those in which I served as a young man. We must not forget, however, that hospitals are of separate types and different classes. It is not fair to compare the work of a hospital that is used for teaching purposes and has full time men on its staff, with that of a hospital where no teaching is carried on and where the hospital work is done entirely for the patient and not for the practitioner or for the students. The standardization that Dr. Bresnahan spoke of in the paper will do much to supply the defects of the record keeping and the proper filing and care of the histories and records of patients in the hospital, but we must go still further and there must be found some way of standardizing what is kept on these blanks and records. The proper way of valuing these histories is that when you take them out a month or three months after the patient has left the hospital to see whether they will give you a correct idea of what has been done. The visiting man should look over the records before the patients leave, so that in addition to the standardized blanks there shall be concerted action as to what type of histories are to be kept, so as to have more perfect records than now.

As to the matter of hospital superintendents, I have had some experience: I have tried to find them, and I have had dealings with them, and there are

many and various kinds. I still believe that a man who has had a medical education is a better superintendent than the ordinary layman, but the tendency of the medical superintendent is to interfere with the medical work of the hospital, and that is to be greatly dreaded for it makes a great deal of trouble when it happens. If the medical superintendent knows his work well enough, he will know that he is not responsible for the medical care of the patient. That should be vested with the medical board absolutely, without any interference in any shape or manner. If they are not competent, they should not be on the medical board, and the superintendent should have nothing to say about the medical care of the patients.

The matter of expense is one that we are bound to consider. With the expense of running a hospital as it is now, many patients are deprived of its benefits for they have not the means to avail themselves of it, and the hospitals cannot reduce their ward rates. One of the greatest things the hospital has to strive for at the present time is a large endowment fund in order to give service to needy persons and enable poor people to get the benefit of hospital treatment and co-ordination of service by the various departments. They should be able to obtain this, and it is to be hoped that the time will come when the well-to-do people of the country will see that the hospitals have larger endowments.

DR. SAMUEL M. GARLICK, Bridgeport: I wish simply to emphasize a fact suggested by the last speaker. The hospitals were founded by charity, and are maintained for charitable purposes by charitable people, and by far the greater part of the hospitals throughout the state are not designed for teaching purposes, nor are they associated with educational institutions, but are for the relief and care of distress, injury and disease of those unable to pay for good medical service; and when we consider our general hospitals—not associated with the teaching institutions—and practically use them mainly for the instruction and benefit of a group of men constituting the staff, we have abandoned the charitable purposes and have misused the money which has been given by millions for the benefit of the whole community.

If we establish rates so large that the majority of the people cannot make use of the hospitals, we have still further abandoned the basic principle of the institution; and if it becomes the general practice that the members of the staff shall maintain their positions largely for the purpose of treating private patients in the hospitals, we have still further alienated our trust.

DR. BRESNAHAN, closing the discussion: As a rule when I talk with Dr. Winternitz, it is generally to wind up with: "You are most likely right." What he has said this afternoon I agree with absolutely. Hospital superintendents are born, not made. However, we have to do the best we can with the material there is at hand. We should establish classes for the training of such material as we have, so as to improve it. As to the hospital super-

intendent being a physician, in many of the hospitals that are preeminent, those in Cleveland, Chicago, and Philadelphia, the superintendents are laymen. But they know their business and know how to distinguish between medical treatment and hospital business.

In reply to the remarks of the third gentleman, just as soon as a community hospital ceases to maintain wards for the charity patients it loses its purpose. It is to be hoped that our hospital will not come to that.

As to Dr. Cook's statement that he visited his patients four or five times a day; he would not have been able to do that had he not spent most of his time in the hospital. For that very reason I hope the time will come when every man who is privileged to practice in our hospital will be able to have his office adjacent to, and even within, the hospital walls so that much of his time will be spent in the hospital. The old "walking of the wards," formerly so frequent in England, was responsible for the high medical character of the men of that day. The "walking of the wards" of our hospitals is something that we have let go by the board, with a loss.

As to whether our men do the better for the patients with the group practice idea; there has been nothing in the discussion that I would take exception to. It is all perfectly true. There are several points of view in group practice, however. Great progress is being made in group practice for the reason that it is but another name for co-operation. It is a process by which co-operation is made more sure and scientific. It is a method rather than a principle. Is there anything so greatly objectionable about the matter?

Outline of the Superior Strait of the Pelvis by Means of the X-Ray.*

DR. HERBERT THOMS, New Haven.

I wish to present for your consideration this afternoon a brief outline of a method for producing an outline of the superior strait of the female pelvis. This method has been developed during the past year at the Grace Hospital, New Haven, and the results have been so striking that I feel that it may become an important adjunct to obstetric procedure. When we consider the great advances that have been made in roentgenology it is at first glance somewhat surprising that no simple and accurate method exists for outlining the inlet of the female pelvis. True it is that some idea of the shape of this bony ring may be obtained, but the size is erroneous and from the malformed and enlarged image that ordinarily results, no accurate information may be obtained.

The chief causes of the distortion thus produced are two-fold. First, the divergence of the rays from the target or tube, and secondly, the distance of the part to be measured or photographed above the sensitive plate. I shall not take the time to go into the historical aspect of this problem. This I have published in another place in a paper dealing with this same subject. The most important plane of the pelvis from the obstetrical point of view is the superior strait or pelvic inlet, and the methods of pelvimetry that are now in general use, particularly the measuring of the diagonal and external conjugate diameters, give us at best only an approximate measure of but one diameter of this plane, the antero-posterior.

If then it becomes possible in cases where a contraction or deformity of the inlet is suspected for us to outline a diagram of the pelvic inlet in its true proportions, it is at once obvious that

* This paper was read in full at the Annual Meeting of the New York Obstetrical Society on May 9, 1922, and is published in full in the Proceedings of that Society in the American Journal of Obstetrics and Gynecology.

this becomes a valuable aid. The chief difficulty to overcome is that of the distortion which takes place because of the distance of the part to be measured from the sensitive plate. This is caused by the divergence of the rays from the target to the plate (see Figure 1). If we increase the distance between the target and the plate the divergence of the rays and the distortion produced become less, the rays which come through the pelvic ring becoming more perpendicular or normal. It is obvious that in order that the distortions thus produced may be equal in all directions it is essential that the target shall be placed over the center of the superior strait and that all portions of the plane of the strait shall be equidistant from the sensitive plate. This is found possible when the patient is in the semi-recumbent position, with the back arched in a manner which I will describe. In order to make certain that the promontory of the sacrum and the symphysis are in the same horizontal plane a Martin's pelvimeter is placed upon the patient in the same position as that used to determine the external conjugate or Baudeloque's diameter. One point of the pelvimeter rests in the depression on the spine of the last lumbar vertebra, the other rests on the skin over the upper and anterior margin of the symphysis pubis.

Previous workers in this field have stated that it is impossible to bring the plane of the superior strait in the living subject parallel with the horizontal. When the patient is in the ordinary semi-recumbent position with the pelvimeter applied it will be noted that the posterior point of the instrument is lower than the anterior and the plane of the superior strait is not parallel with the horizontal or sensitive plate. If, however, before the exposure is made the patient is asked to arch her back more or less as will be found necessary, it will be seen that both points of the pelvimeter may be brought equidistant from the sensitive plate. Arching the back furthermore tends to throw the upper part of the trunk away from the vertical. It is my custom to have the pelvimeter held by myself or an assistant in position while the exposure is made. This for two reasons. First, because it can be better maintained without artificial support, and secondly, to better reassure the

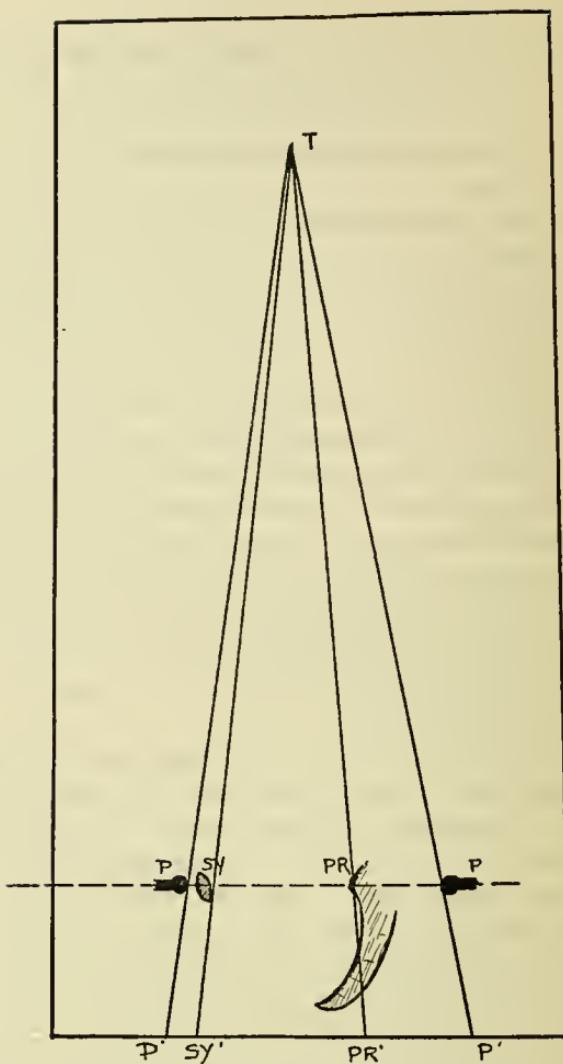


FIG. 1. T is the target or tube. The broken line represents the plane of the Superior Strait and P the ends of the pelvimeter, SY the Symphysis and PR the Promontory of the Sacrum. It is obvious that these points will be projected to the sensitive plate at the points P' SY' PR' P' if the plane of the Superior Strait is parallel with the sensitive plate and that these points will bear the same relation to each other as P SY PR P. In other words the image will be enlarged equally in all directions.

patient that no harm will come from the formidable looking apparatus overhead.

The target is placed between three and four feet from the plate and a Bucky diaphragm used because much clearer negatives are produced in this manner. The exposure is made in the usual manner and the patient holds her breath during this period. Dr. Louis H. Wheatley, roentgenologist at Grace Hospital, has worked out the exposures and other points of roentgenologic technique with which I am unfamiliar and inasmuch as he is to open the discussion he will undoubtedly speak of these things. It is obvious that the penetration of the rays directed toward the posterior or sacral part must be considerable in order to register satisfactorily.

The plate or film is developed, dried, and viewed. It will be noticed that not only is the pelvic ring enlarged equally in all directions but also the ends of the pelvimeter are shown farther apart than the actual distance measured on the patient.

It is apparent that the ratio between the actual distance of the points of the pelvimeter and that measured between the photographic images of these points represents the ratio between the actual size of the inlet and the increased size as shown upon the negative. With this knowledge the question of mensuration becomes one simple proportion.

In order to obtain a more graphic and permanent record a picture of the outline of the superior strait in its true proportions is produced, a positive image of this negative reduced in such extent that all distortion is corrected and the superior strait is represented as it actually is. This is accomplished by means of the camera. I have used an 8 x 10 view camera with a good steady tripod. The negative is placed in the X-ray view box or other illuminating apparatus and a picture made on a plate or film. In focusing the reduction must be made so that the ends of the pelvimeter shadows in the negative shall be the same distance apart on the ground glass as when measured on the patient. Thus if the pelvimeter read 20 cm. on the patient at the time of exposure and in the negative measured 24 cm. these points must be 20 cm. on the ground glass when focusing so that in the positive picture

produced they will be the same distance as in the original instance. The positive thus produced will be an outline of the superior strait in its true dimensions and diameters may be measured directly with a centimeter rule.

It may be useful to mention certain points in technique that have helped in developing the process. In order to secure accurate focusing it is useful to outline on the negative by means of a red wax pencil or india ink the outline of the superior strait and the ends of the pelvimeter. This produces in the positive a white line from which the various diameters are easily measured.

In obese subjects in order to shorten the necessary exposure required the target is best used a little nearer the plate, say three feet. The distortion thus produced is of course somewhat greater but is easily corrected when making the positive picture.

A word or two might be said as to the applicability of the method to pregnant patients. There is no reason why it should not be used during the first six months of pregnancy. Later than this the amniotic fluid and increased size of the uterus and fetus would probably form obstacles which would not permit of good pictures.

The question has been raised from time to time as to the possible deleterious effect of the roentgen ray upon the fetus in utero. Edelberg in 1914 showed that the danger of injury by this means was negligible. He observed the condition of a child which had been conceived while the mother was under the effect of full X-ray treatment, one quarter of the total quantity of the treatment falling into the period of gestation. The child was born at term fully developed with all signs of maturity. Nothing pathological was noticed and the child was well nourished.

In the early developments of this method numerous experiments were made photographing dried pelvis. It was found that a positive image could be produced which would be accurate almost to a millimeter. Later the direct conjugate was measured on a patient during a laparotomy. Following her convalescence she was measured by means of the above method and a pelvigram of her pelvis was produced which was accurate in its antero-posterior diameter almost to exactness.

In conclusion I wish to thank Dr. Louis H. Wheatley, of New Haven, the roentgenologist at Grace Hospital, for his interest and co-operation in the preparation of this work. Not only has he been most helpful in the preparation of the pictures but to him belongs the credit for working out the exposures and other points of roentgenologic technique.

59 College Street.

DISCUSSION.

DR. LOUIS F. WHEATLEY, New Haven: My part in this work has been of a very minor character. In the ordinary semirecumbent position, at six foot distance, we were getting very clear plates of the pelvis, but there was an absence of the bulging promontory of the sacrum which showed that we were not getting a true perpendicular. After various methods were tried, we finally obtained this by causing the patient to assume an exaggerated arched position of the back, so that we could direct the central ray through the median line one inch below the umbilicus. This gave us the desired outline of the promontory of the sacrum, and a true perpendicular of the pelvic inlet. With the patient in this position on the Bucky diaphragm, the pelvimeter points were applied to the hollow of the sacrum and symphysis pubis and the arms of the pelvimeter held parallel to the plate during the exposure, thus insuring a true horizontal position of the points to the plate. We used a seven and one half spark gap, twenty milliamperes of current, twenty to thirty seconds of exposure. The distance, originally set for six feet to minimize distortion, was reduced to three and one-half feet, because of too much strain on the tube. Even at this distance, we had to interrupt the exposures because of overheating. The greater divergence of rays incident to the shorter distance was overcome by a proportionate reduction of the negative to the positive image.

I believe that, in this manner, we are able to obtain very accurate dimensions of the pelvis. We have thus a true perpendicular, a true horizontal, and the ratio between the external conjugate as measured by the pelvimeter points on the skin surface and that measurement arrived at by the proportionate reduction between the pelvimeter points and distance between the symphysis and promontory of the sacrum as measured on the positive from the X-ray film.

I feel that this should be of considerable value in questions of contracted or deformed pelvis and border line cases.

It is a very simple procedure and does not call for any complicated geometric equations and formulae as several other methods do, and it can be carried out by any one with suitable apparatus and a simple knowledge of proportion.

Dr. Thoms is certainly to be congratulated on developing such a simple method of such value.

DR. JAMES R. MILLER, Hartford: The Society is to be congratulated at having presented at this meeting such a clear demonstration of a new diagnostic procedure. Dr. Thoms has combined well known facts and taken advantage of processes which were at the disposal of every one, in a very ingenious way.

The method commends itself because of its accuracy and simplicity.

I would like to add a word to his statement about the harmlessness of the procedure. There are a great many reports in the literature at present which show that even after a very thorough X-ray treatment, such as is given for fibroids, pregnancies may occur and that the products of conception are in no wise interfered with.

Paul Werner has reported seventeen such cases with a total of twenty-four pregnancies observed over periods up to eight years. He believes that there is very slight increase in the tendencies to abortion and that the children are very slightly under weight as they develop years afterwards.

It is to be remembered, however, that all of these cases received intensive X-ray treatment with many times the quantity of rays which are necessary for the diagnostic observations of the method under discussion.

Since reading Dr. Thoms' paper, three days ago, I have been able in two cases to check up the internal measurements by this method with the aid of the Gauss pelvimeter, which I believe to be the most accurate instrument of its kind. The only difficulties I can see are purely technical ones which experience will easily correct. The measurements are difficult in a very fat woman, but are quite accurate in a thin woman. This method is, of course, limited in its application from a practical standpoint, that is, it will be seldom necessary to use it. There are cases, however, where both the doctor and the patient will be very glad of the graphic and accurate measurements of the most important pelvis diameters. I refer particularly to cases of congenital hip disease, especially in nullipara and in conditions which are apt to distort pelvic bones during the developmental period in an irregular manner.

With this method at our disposal, we may be able to assure ourselves and the patient in many cases that there will be no pelvic dystocia provided the child is not too large.

I should like to congratulate Dr. Thoms on his extremely ingenious method.

Observations on the Source of Infection in Pneumonia.*

DR. FRANCIS G. BLAKE, New Haven.

Progress in measures for the control and prevention of infectious disease demands an accurate knowledge of the source of infection, of the mode of transmission of the infectious agent from one individual to another, and of the factors that determine whether disease will result when transfer of the infectious agent has taken place. As familiar examples of the results obtained following the acquisition of such knowledge one may cite typhoid fever, bacillary dysentery, yellow fever, malaria, and diphtheria. In spite of the brilliant achievements of preventive medicine in the control of these and other diseases, comparatively little has been accomplished in the field of acute respiratory infections of which pneumonia is an outstanding example. It has seemed, therefore, that it might be of some interest to examine such knowledge as has been gained during recent years concerning the source of infection in pneumonia with the purpose of raising the question whether we are utilizing this knowledge to the best advantage in an effort to lessen the continued high incidence of this disease.

Theoretically two points of view may be considered concerning the source of infection in pneumonia: (1) that pneumonia develops in an individual who normally harbors the pneumococcus, hemolytic streptococcus, influenza bacillus or other causative organisms in his upper respiratory tract when contributing factors affecting the normal resistance of the individual make it possible for otherwise harmless bacteria to invade the lower respiratory tract and produce pneumonia. In brief, this is the theory of auto-genous infection. (2) That pneumonia is due to an invasion of virulent bacteria from outside the body, that is to contact infection, either direct or indirect, from exogenous sources. In this case it is conceivable that pneumonia might inevitably arise whenever

* From the Department of Internal Medicine, Yale University School of Medicine.

transmission of the organism in question takes place, or on the other hand that it might arise only when further contributing etiological factors affecting the individual become operative.

It is obviously of the greatest importance to know which of these two possibilities is the correct one from the point of view of practical prophylaxis. If infection is autogenous in source little can be accomplished by quarantine measures and efforts would of necessity have to be directed entirely toward the prevention of the contributing etiological factors. On the other hand if infection is exogenous in source, measures directed toward the prevention of the transfer of the infectious agent from individual to individual become of great moment, while elimination of contributing factors may or may not be of importance depending upon whether the development of pneumonia is or is not inevitable in the presence of the organisms causing it.

For the purpose of the discussion in hand it seems desirable to divide pneumonia into two groups, (1) lobar pneumonia, a specific acute, infectious disease caused by the pneumococcus; (2) all other cases of pneumonia, usually secondary to some preceding infection and caused by a variety of bacteria, the more important of which are pneumococcus, *Streptococcus hemolyticus*, *Bacillus influenzae*, and *Staphylococcus aureus*. This group usually presents the clinical picture of bronchopneumonia; it may, however present that of lobar pneumonia.

Lobar Pneumonia.

For many years following Frankel's demonstration in 1884 that the pneumococcus was the bacterial cause of lobar pneumonia, it was held that the presence of the pneumococcus was only of minor importance in a series of phenomena leading up to the onset of pneumonia. This view was inevitable as long as all pneumococci were held to be identical, since it had already been shown by Pasteur in 1881 and independently by Sternberg in this country at the same time, that pneumococci virulent for animals were frequently present in the mouths of normal individuals. In other words it was generally believed that infection is autogenous,—that is the individual becomes infected with the organism already

present in his mouth because other circumstances, unrelated to the bacteria, make that possible. With the subsequent demonstration, however, first by Neufeld and Händel¹ and later by Dochez and Gillespie,² Lister³ and others, that all pneumococci are not identical, another explanation of the apparently paradoxical fact that pneumococci may frequently be present in the mouth as harmless saprophytes and at other times act as bacterial incitants of one of the most virulent human diseases presented itself, namely, that the pneumococci which cause lobar pneumonia in human beings are different from those which inhabit the mouths of normal individuals. That this is so to a very considerable extent has now been demonstrated by numerous studies carried on by Cole⁴ and his associates at the Rockefeller Hospital and by many others in widely different parts of the country. These studies have shown that pneumococci may be divided into two main classes. The first consists of the so-called Types I, II, and III, each possessing specific immune reactions. The second consists of the so-called atypical II and Type IV organisms, a heterogeneous group among which a large number of less sharply differentiated subtypes may be recognized.

Pneumococci of the first class, i. e., Types I, II and III, make up about 70 to 80% of all strains encountered in lobar pneumonia, while pneumococci of the second class, i. e., Types II atypical and IV, are found much less frequently, 20-30%. Thus in 720 cases of lobar pneumonia treated at the Rockefeller Hospital 246 or 34.1% were due to Type I pneumococcus, 185 or 25.7% to Type II, 78 or 10.8% to Type III, making a total of 509 or 70.6% due to these three types; 52 or 7.2% were due to pneumococcus II atypical and 159 or 22.0% to Type IV. These figures with minor variations from year to year have been substantiated in a large number of hospital clinics.

¹ Neufeld and Händel, *Arb. k. Gsndhtsamte.*, 1910, xxxiv, 293.

² Dochez, A. R. and Gillespie, L. J., *J. Am. Med. Assn.*, 1913, lxi, 727.

³ Lister, F. S., *Publication No. 2 of the South African Institute for Medical Research*, 1913.

⁴ Cole, R., *Nelson Loose-Leaf Living Medicine*, 1920, i, 203.

In striking contrast with this is the fact that the pneumococci which are present in the mouths of normal individuals are largely atypical II and Type IV organisms, while those types which are usually associated with pneumonia (with the exception of Type III) are rarely found. Thus of 297 normal individuals who had had no known contact with cases of lobar pneumonia studied by Stillman⁵ 116 harbored pneumococci in their mouths. Of these only 1 or 0.8% carried Type I, none Type II, 34 or 28.1% Type III, and 86 or 71.1% IV's and atypical II's. Similar observations on large groups of normal individuals by others have served to substantiate these figures except that the incidence of Type III organisms has been found somewhat lower, 10 to 15 per cent. Further observations by Stillman⁵ on the presence of Type I and Type II pneumococci in the mouths of persons who were in intimate contact with actual cases of lobar pneumonia due to these organisms showed the following figures. In 28 households in which a case of Type I pneumonia was present 15% of 107 contacts examined had a Type I pneumococcus present in the mouth and in 24 households where there was a case of Type II pneumonia 6% of 77 contacts examined carried this organism. In addition Stillman has shown that Type I and Type II pneumococci are readily found in the dust of rooms where cases of pneumonia due to the corresponding organisms have been treated, but that they are not present in the dust from houses where no cases of pneumonia have existed.

From a consideration of the observations reviewed above it would seem reasonably certain, even in the absence of more direct evidence, that the source of infection in lobar pneumonia due to pneumococcus Types I and II is from cases of pneumonia caused by the corresponding organisms, either directly or indirectly through contact carriers or possibly by air borne infection from dust derived from the immediate environment of those sick with pneumonia. Lobar pneumonia associated with these organisms at least, and it should be recalled that this means approximately 60% of all cases, would appear not to be an autogenous infection as had

⁵ Stillman, E. G., *J. Exp. Medicine*, 1916, XXIV, 651; 1917, XXVI, 513.

formerly been supposed. More direct evidence of the communicable nature of the disease may be found in the study of apparently related cases of pneumonia. A number of such instances have been observed over a period of several years, a few of which will be cited. In the first instance a patient with pneumonia due to *Pneumococcus Type II* was admitted to a ward and placed in a bed adjoining those of two patients convalescent from *Pneumococcus Type IV* pneumonia. On the seventh and eighth days respectively after the admission of the patient with Type II pneumonia, the two convalescent patients developed a second attack of pneumonia in both cases due to *pneumococcus Type II* as shown by blood culture and cultures at autopsy. The second instance is one of similar nature. A patient with Type II pneumonia was admitted and placed in a bed adjacent to two patients one of whom had an atypical II *pneumococcus* in his sputum, the other a Type IV. Three and eight days respectively after the admission of the patient with the Type II pneumonia, these two patients developed *pneumococcus Type II* pneumonia and subsequently died of the disease. A third instance is that of a patient who had a *pneumococcus Type I* pneumonia. The four patients in the adjoining beds all had atypical II *pneumococci* in the sputum. Shortly after the recovery from the Type I pneumonia this patient developed a second attack of pneumonia, this time caused by an atypical II *pneumococcus*. These three instances provide definite evidence of the communicable nature of lobar pneumonia since not only was the source of infection from an actual case of pneumonia demonstrated but also it had been shown that shortly before the onset of pneumonia none of these individuals carried in his mouth the type of *pneumococcus* later causing the disease, thus excluding the possibility of an autogenous infection. All the foregoing instances occurred in hospital wards in which no special precautions were taken against transfer of infection from individual to individual. Two other examples have recently been observed at the New Haven Hospital in which lobar pneumonia was apparently directly transmitted from one member of a household to another prior to admission to the hospital.

A patient, S. C., developed pneumonia on March 24, 1922, and was admitted to the hospital on March 29th. She presented the usual picture of lobar pneumonia. Examination of the sputum showed Pneumococcus Type I. On March 26, 1922, two days after the onset of pneumonia in this patient, her sister, A. C., also developed pneumonia. She was admitted to the hospital on March 29th and likewise presented the typical clinical picture of lobar pneumonia and showed Pneumococcus Type I in her sputum.

Another patient, C. S., was taken sick on the evening of February 27, 1922. He was admitted to the hospital on March 1st, at which time he showed signs of consolidation of the right lower lobe. The sputum showed Pneumococcus Type I. Five days later his father-in-law, who lived in the same house, was admitted. He had had a cold for several days which had suddenly become worse. He showed signs of beginning pneumonia in the right lower lobe. His sputum also showed Pneumococcus Type I. In addition to these two members of the family, the mother-in-law also developed pneumonia about the same time as the son. She grew rapidly worse and died at home on the day that the father was admitted. No determination of the type of pneumococcus was made in her case, but it seems probable that it was also Type I.

Further instances might be cited, but the data already presented would appear to be sufficient to indicate that lobar pneumonia due to Pneumococcus Types I and II must be regarded as a communicable disease. Whether the same holds true with pneumonia caused by the other types of pneumococci is difficult to say, but it seems altogether probable that it does at least to a considerable extent. If, then, lobar pneumonia is a communicable disease, one must seek an explanation of the obvious fact that though caused by an organism of sufficient virulence to produce an average case mortality of 25%, lobar pneumonia is, nevertheless, not a highly contagious disease such as measles, scarlet fever or smallpox. It would appear that the explanation may be found in the fortunate fact that the pneumococcus, though possessing a high degree of virulence, apparently possesses comparatively slight primary invasive power, in this respect being comparable to the meningococcus.

or in exact contrast with the virus of measles, for example, which possesses a high degree of primary invasiveness but comparatively little virulence. In other words, although lobar pneumonia is largely a contact infection, the incidence of the disease among those exposed to infection is comparatively low because the pneumococcus probably does not ordinarily incite disease unless factors affecting the individual so lower his resistance that invasion by the pneumococcus becomes possible. Evidence in support of this point of view is found in the studies by Stillman mentioned above in which he showed that persons in contact with cases of lobar pneumonia frequently become carriers of Type I and Type II pneumococci without developing pneumonia. More direct experimental evidence is also provided by the observations of Blake and Cecil⁶ on lobar pneumonia in monkeys. They have shown that large amounts of highly virulent pneumococci may be introduced into the upper respiratory tract of monkeys with impunity, although as small an amount as 0.000001 c.c. of the same pneumococcus culture when introduced into the trachea invariably causes lobar pneumonia with a mortality of 50%.

Secondary Pneumonia.

While our knowledge concerning the source of infection in lobar pneumonia is now comparatively clear, the situation with respect to the secondary pneumonias which occur as complications of whooping cough, measles, influenza and other conditions is much more difficult to analyze for a number of reasons. These pneumonias are caused by a considerable variety of bacteria, all of which are more or less frequently found in the mouths of normal individuals. Furthermore, we possess no adequate method at the present time for the differentiation of any of these organisms, except the pneumococcus, which would enable us to determine whether those strains associated with pneumonia differ from those found in the mouths of normal individuals. In spite of these

⁶ Blake, F. G. and Cecil, R. L., *Jour. Exp. Med.*, April 1, 1920, XXXI No. 4, pp. 403.

difficulties there are a number of observations which would seem to indicate that many secondary pneumonias are due to contact rather than to autogenous infection. On the other hand there is equally suggestive evidence that autogenous infection frequently occurs and probably plays an important role in the causation of secondary pneumonia. Thus, it is a well established fact that pneumococcus pneumonia complicating influenza and measles is nearly always associated with those types of pneumococci which are present in normal mouths, and very rarely with pneumococcus Types I and II, the exact reverse of the condition met in lobar pneumonia. While this clearly suggests that autogenous infection is the usual thing, it by no means proves it. In an effort to obtain further light on this question the following study⁷ was carried out. The type of pneumococcus present in the mouths of 46 consecutive cases of early uncomplicated influenza was determined at time of admission of the patient to the receiving ward of a hospital with the purpose of determining if cases among this group which subsequently developed pneumonia might be shown to have acquired pneumococci which they did not carry at time of admission. This group of patients was treated in a special ward set apart for the purpose. The patients were assigned to beds in rotation and confined in bed until thoroughly convalescent. Beds were well separated, cubicles were in use and every precaution was taken to prevent transfer of infection. Cultures were made from the ward personnel. By these procedures a fairly accurate record was kept of all sources of pneumococcus infection. The types of pneumococcus found in the mouths of these patients at time of admission were Type I, 0; Type II, 0; Type III, 0; atypical II, 1; Type IV, 25; no pneumococcus, 20. Only 1 patient in this group developed pneumonia. At time of admission he had no pneumococcus in his mouth. Examination of the sputum at time of onset of pneumonia three days after admission showed pneumococcus Type III. The only ascertainable source of infection in this case was one of the ward attendants who carried Pneumococcus Type III in his mouth and who frequently came

⁷ Opie, Blake, Small, and Rivers, *Epidemic Respiratory Disease*, 1921.

in contact with the patient. In this instance the development of pneumonia was probably due to contact infection. A very extensive study of this nature would be necessary to determine in what proportion of cases secondary pneumococcus pneumonia is due to contact infection and in what proportion to autogenous infection.

With respect to secondary hemolytic streptococcus pneumonia the evidence is even more suggestive that it is largely due to contact rather than to autogenous infection, although there is still considerable difference of opinion concerning this. Two series of observations⁷ in support of the theory of contact infection which were made in an army hospital in 1919 may be briefly cited. Cultures made on a series of 1,047 cases of measles, influenza, and pneumococcus pneumonia showed 44 positive for hemolytic streptococci at time of admission. None of these 44 carriers developed secondary streptococcus infections, although all were suffering from respiratory diseases pre-eminently leading to secondary invasion by the hemolytic streptococcus. In contrast with this among 205 cases of this series which acquired a hemolytic streptococcus while in the hospital 9 developed streptococcus bronchopneumonia, 27 otitis media, 14 mastoiditis, 2 meningitis, 1 suppurative arthritis, and 4 acute tonsillitis. It is noteworthy that among these cases the complication developed in all but five instances nearly co-incidently with the acquisition of the hemolytic streptococcus by the patient.

Even more striking evidence of the contact nature of these streptococcus infections was obtained in certain ward studies⁷ among patients suffering with influenzal pneumonia. These may be summarized briefly. In wards 3 and 8, between September 6th and October 5th, 163 cases of influenzal pneumonia were admitted, of whom 49, or 30.1%, died. Cultures at autopsy showed that only two of these cases had streptococcus pneumonia. In striking contrast with this were the conditions in wards 1 and 2. Between September 24th and October 5th, 141 cases of influenzal pneumonia were admitted to these wards. Of these 72, or 51.1%, died. Cultures at autopsy showed that 43, or 59.7%, of these 72

fatal cases had a secondary hemolytic streptococcus pneumonia. To appreciate the full significance of this striking difference between wards 3 and 8 on the one hand and wards 1 and 2 on the other, it is necessary to state that the patients admitted to these wards were in no sense selected. Sputum and throat cultures in cases admitted to wards 1 and 2 made prior to or shortly after admission to the ward showed that the majority of them, as in wards 3 and 8, were pneumococcus or mixed pneumococcus and *Bacillus influenzae* pneumonias free from hemolytic streptococci at time of admission. The widespread and highly fatal secondary hemolytic streptococcus epidemic in wards 1 and 2 was shown to directly follow the introduction of a few cases of streptococcus pneumonia into these wards. Such a strikingly selective ward incidence of secondary streptococcus pneumonia can leave little doubt that these cases were due to invasion by highly virulent streptococci through contact infection from acute cases of streptococcus pneumonia. Even should it be granted that the majority of all these cases in both groups of wards were chronic carriers of hemolytic streptococci which the limitations of the throat culture method had failed to detect, the theory of autogenous infection could hardly be sustained in the presence of the almost complete selective incidence of secondary streptococcus infections between the two groups of wards.

In summary it may be said that it has been thoroughly established that infection in lobar pneumonia caused by *Pneumococcus* Types I and II, comprising approximately 60% of all cases, is not autogenous but is due to the introduction of virulent strains from outside sources. It has been shown that the possible sources of infection are (1) cases of lobar pneumonia, (2) individuals who have been in close contact with cases and have thereby become carriers of the disease producing types of pneumococci, and (3) the dust from the immediate environment of cases of lobar pneumonia. In view of these facts it would seem incumbent upon us to regard lobar pneumonia as a communicable disease and treat it as such since every case must be traceable either directly or indirectly to some preceding case. In other words, it would appear desirable to practise as rigid isolation and quarantine measures in

the case of lobar pneumonia as are now used in the handling of cases of epidemic meningitis or of diphtheria. One may even ask if we are justified in releasing convalescent cases from isolation until they have been shown to be free from the pneumococcus.

Whether similar measures should be applied to other types of pneumonia in view of the lack of conclusive evidence as to the source of infection may be questioned. It is believed, however, that the evidence in favor of contact infection as being a frequent source of infection in secondary pneumonia, especially those due to hemolytic streptococci, is sufficiently convincing to warrant the employment of strict isolation measures in the handling of all cases of pneumonia with the hope of at least accomplishing something toward the prevention of these frequent and serious respiratory diseases.

DISCUSSION.

DR. GEORGE BLUMER, New Haven: Pneumonia is such an exceedingly common and fatal disease contrasted with many of the infections that we see, that a paper of this sort is of the very greatest importance. Inasmuch as I agree so thoroughly with the paper, the best that I can do is to emphasize certain of the points brought out. It is exceedingly important that the profession in general should realize that the old view, originally brought out by Pasteur and Sternberg,—that individuals who contract pneumonia infect themselves,—should be discredited. Certainly it has not been my experience that most hospitals at the present time take any precautions to isolate their pneumonia patients. We began many years ago in the New Haven Hospital to treat our pneumonia patients in the isolation hospital. It is very important that the hospital authorities should realize that in over two-thirds of the cases of pneumonia it is due to direct or indirect contact with other cases of pneumonia. That does not mean an entire reorganization of the hospitals, but it does mean reorganization to some extent. Not every hospital is as fortunate as we are in New Haven in having an isolation hospital on the grounds, but that is not necessary. There are certain comparatively simple methods by which the cases can be isolated. In 1918 we made cubicles in the wards by stretching sheets between adjacent beds. In addition to this it is necessary to train the nurses and physicians to take certain elementary precautions in the way of washing between and after seeing cases, changing gowns, etc., and carrying out the usual precautions of an infectious ward. In view of what has been said, it is questionable whether we should not go further if we are going to be logical, and try from time to time to test out the bacterial flora of the mouths of our nurses, orderlies, and teaching staff who come in contact with patients. . . . The ordinary contact cases are

not infrequent. I have seen a number of cases where a patient with pneumonia in a family was nursed by another member of the family who subsequently contracted pneumonia,—although they have not been controlled, as Dr. Blake mentioned, by typing out the cases. The fact that pneumonia is due to different types of organisms is also the probable explanation of the fact that pneumonia does not confer a long or permanent immunity. I believe that Benjamin Rush reported an individual who had had thirty attacks of pneumonia during his life. Perhaps Dr. Blake can tell us whether any work has been done along this line,—as to whether second or a third attacks are due to different types of organisms; instances where a patient comes in with one type and subsequently contracts another type from a patient in an adjacent bed offer pretty good evidence that patients with one type are not immune to other types. That point has been impressed upon us in the last few years especially, by physicians connected with the army, on account of the terrible secondary pneumonia following measles. In 1918 influenza again appeared and impressed that fact upon us.

Just one question I wanted to bring up: I would like to know from Dr. Blake just how practicable certain things are. Does he think it would be practicable to keep patients in the hospital until they become pneumococcus free? We have had many years of experience along this line with diphtheria, and we know what serious difficulties arise with diphtheria carriers, with typhoid carriers, etc.,—what serious difficulties from a legal point of view may arise from keeping patients for a long time in the hospital when they are feeling well and physically are well. I have read some work along this line which seemed to show that during convalescence, the fixed type gradually disappeared and was replaced by type four.

DR. BLAKE, closing the discussion: Just a few words to answer two questions: The first, with respect to repeated attacks of pneumonia, being due to the same organisms: I am familiar with one patient who has had eighteen attacks in all. In most of them the type was not determined; in seven it was determined. In these seven attacks there were one with Type I; one with atypical II; four with Type III and one with Type IV. This is evidence that an individual may have repeated attacks due to the same type. It was interesting that in his fourth attack with Type III, the duration of the illness was only three days,—a very mild and brief attack,—indication, perhaps, that he had some degree of immunity.

With respect to how practicable it may be to keep patients in the hospital, it is a very difficult situation from the legal point of view. Fortunately, in the majority of cases patients become free from infecting organisms very soon; in most patients with Type I or II, the pneumococcus disappears from the mouth in seven to fourteen days after the crisis. Just as in diphtheria, however, some individuals continue to carry the pneumococcus for a long period of time; I think the longest recorded is ninety days. It would be in such cases, as with the chronic diphtheria carriers, that the difficulty would arise.

Some Recent Advances in Urological Surgery.*

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The advances in the field of urology have been so rapid and revolutionary during the past twenty years, and especially during the past ten, that a brief capitulation of the progress attained in solving some of the most important urological problems may be of interest, especially to those engaged in other branches of medicine and surgery.

The foundation of any clinical study must be a knowledge of pathology and diagnosis. Our present standards of these branches of urology are definite and solid, due to accurate methods of study of the urinary tract.

Methods of dealing with the pathology presented in urological lesions have progressed, the present keynote to success (meaning an elimination of the lesion) being "early recognition."

In speaking before this Society, I am addressing a body of men engaged largely in the general practice of medicine and surgery and I will generalize my remarks in so far as possible.

Specialization has become so widespread that there is often, on the part of the general practitioner, a hesitation to seek the advice of the specialist. This hesitation is often well founded. He feels that he may lose supervision over the patient and that in going to a busy specialist, the patient will receive a hurried examination, sometimes biased by the specialist's particular hobbies, and will possibly be hurried into radical treatment.

There is some ground for such an attitude on the part of the general practitioner. The rapid rush to specialism has produced many so-called specialists, lacking a foundation which can be obtained only through the practice of general medicine and surgery. The limitations of such men are sooner or later recognized and they become technicians.

* Presented before the Connecticut State Medical Society, at its One Hundred and Thirtieth Annual Meeting, Bridgeport, Conn., May 18, 1922.

A field of study such as urology requires decided breadth of vision. Continued study in this domain serves to link the urinary tract more closely to the entire body and its various functions, rather than draw it away into a more isolated specialty. For this reason, a very definite understanding and co-ordination is necessary between practitioner and urologist, that the patient may benefit by the well rounded, accurate interpretation of urological symptoms. The past observations of the patient by the physician should be of decided advantage to the urologist in working out the particular urological problems, while the physician should obtain knowledge which will help him in carrying out details of treatment leading to the relief of symptoms or preparation of the patient for radical procedure.

Urological problems are often intricate, require time and continued observation for their solution and the patient *and* physician are entitled to both from the specialist.

How true this is of infections of the urinary tract! The factors involved in urinary infections are the supply of bacteria to the urinary tract and interference with urinary drainage. The first factor, i. e., the supply of bacteria to the urinary tract, is a general medical problem, requiring for its solution the discovery of focal infections, or disturbances of body functions. For the proper solution of the individual case, the services of the roentgenologist and the specialist in some other branch of medicine or surgery may be necessary, but the internist should supervise the study. The particular urological condition interfering with drainage must be solved by the urologist. Whether due to displacement of kidney or bladder, congenital anomaly, pressure upon or constriction of ureter, obstruction of vesical outlet or urethra, must be ascertained, but the first factor, i. e., that of supply of bacteria, is just as important.

The first evidence of a urinary infection may be the presence of blood, or pus, or both, in the urine, or when interference with urinary drainage is complete, as with an occluded ureter, constitutional symptoms are present due to absorption, while the voided urine may be clear. With incomplete urinary drainage

and infection of the urinary tract, symptoms such as frequency, urgency and burning urination are present, while with complete interference with drainage of a urinary focus, urinary symptoms are absent, but there is local pain from back pressure, as pain in the loin with an occluded ureter.

The presence of pus cells in the voided urine in the male or catheterized specimen in the female is important and the urethra, bladder, ureters and kidneys must be studied by a thorough cystoscopic examination and roentgenogram; also the genital tract in the male.

What are some of the lesions detected by such early examinations? Stricture, congestion of the deep urethra and verumontanum, seminal vesiculitis and prostatitis; obstruction of the vesical neck; stone, tumor and diverticulum of the bladder; stricture, kink, stone in and pressure upon the ureter; prolapse, congenital anomaly, stone, tumor and cystic kidney; for the relief of each, early diagnosis is important.

Another urinary finding of the greatest importance is the presence of blood in the urine. To allow a patient with blood in the urine to pass by without a complete urological examination is a serious offense. While an isolated case of congestion without pathological lesion may cause hematuria, this symptom usually denotes a serious condition and is so often, even in the absence of any other sign or symptom, the first manifestation of malignancy, that it should never go by unnoticed. Malignancy in the urinary tract, as in other parts of the body, can only be eradicated by early discovery.

An abdominal mass which cannot definitely be explained, a roentgenographic shadow in the region of the urinary tract, indefinite pains possibly referable to the urinary organs, all require a thorough urological study of the individual.

It is impossible in a limited time to cover even briefly but a few of the many urological problems facing us, in the solution of which decided advance has been made, owing to early recognition, thorough understanding of the lesion and perfected means of coping with them.

(1) Obstruction of the Vesical Outlet.

While obstructions of the vesical outlet do occur in the female, such obstructions are usually inflammatory and are relieved by dilatation, cauterization of the vesical neck and urethra and elimination of a focus of infection higher up.

Obstructions of the vesical neck in the male past middle age are due to prostatic obstructions in the vast majority of cases, congestion without hypertrophy, acute infection, prostatic abscess and nerve lesion accounting for but few instances.

Prostatic obstruction resolves itself into three classes: contraction of the vesical neck or fibrous prostate, hypertrophy and carcinoma. Our present methods of coping with each class represents one of our greatest advances in modern urology. One of the clouds of advancing years in the male has been the fear of interference with the function of urination. This fear has been based upon fact. The inconvenience and later suffering, with the slowly progressing pathology of the immediate organ involved, as well as secondary changes in the upper urinary tract and general systemic impairment, gives a picture with which you are all familiar. The relief from catheter life with its constant inconvenience, suffering and certain end, or operation with former high mortality and possible permanent complications, at one time led one to wonder if the treatment were not as bad as the disease.

The picture has been changed. The man of advancing years who begins to complain of increasing frequency of urination and difficulty in starting the stream, who arises at night to void, should have the advantage of a urological examination. Not that all such men require radical procedure. In recently reviewing a series of cases for a period of one year, the writer found, of 204 male cases with urinary symptoms referred to him, that only 54 men were in the surgical class, and but 33 required immediate operative intervention; often, however, with slight symptoms, a well marked hypertrophy is present, which may be removed before the bladder and kidneys are permanently damaged and

secondary constitutional changes, which are sure to follow, are avoided. Secondly, and of ever increasing frequency, a carcinoma of the prostate is detected. Unfortunately, symptoms are usually absent or slight until prostatic cancer is advanced. Only by the early discovery of cancer are we able to cope with this most difficult of all urological problems.

Briefly, why are we in this different position regarding the radical cure of these cases of prostatic obstruction? In the operative class this change has *not* been brought about by means of "a sleight of hand" operation but because we study the individual, prepare him for the operation, perform the operation in such a manner as to cause the least amount of shock, and take care of him after operation. The preparation may be summed up as a period of stabilization of a disorganized systemic condition; circulatory, urinary and gastro-intestinal systems must be built up under the changes brought about by the relief of urinary back pressure by bladder drainage. When the patient is on an even keel, the removal of the prostate through a drainage wound with proper control of hemorrhage should be attended by little constitutional reaction, and under present improved methods of subsequent bladder drainage, the convalescence should be rapid and comfortable, the functional result perfect. The attendant mortality is surprisingly low. Series of cases have been reported by Gardner, of 125 consecutive cases of prostatectomy without a death by the supra pubic route, and by Young, of 165 consecutive cases of prostatectomy without a death by the perineal route. My own mortality in all cases to date, extending over a period of 16 years, is 2.2 percent.

While it may be possible to carry a large series of consecutive cases through this period of regeneration without a death, we are operating upon old men, in the presence of serious complications, and certain fatalities will occur, such as pulmonary embolus, and a certain mortality must result. The point is that in no other class of surgical cases, with so many complications to cope with, has the mortality rate been reduced to anything like that of prostatectomy.

Individual cases of fibrous prostate may best be treated by

prostatectomy, but the majority of cases of small prostate or contraction of the vesical neck, are satisfactorily relieved by the removal of sections of the constricting ring, transurethrally under a local anaesthetic by means of "prostatic punch." Recurrence of the contraction may rarely occur, requiring a repetition of the "punch" operation. All such cases should be kept under observation.

Cases of prostatic cancer require the most careful study. As before stated, symptoms are often delayed until, with the first manifestation of urinary disturbance, malignancy is found far advanced. The first phase of the study should be to determine, if possible, the presence of metastasis. A complete study of body functions and of the bones with X-rays is necessary. If metastasis is present, little can be done other than to relieve urinary retention by the partial removal of the prostate, by limited use of radium or by permanent supra pubic drainage.

If the cancer is limited to the prostate, removal may be indicated in some cases, while in others, relief and possibly a cure will be obtained by the introduction of radium into the prostate by means of needles passed into the gland through a supra pubic cystotomy wound, others through the perineum, and by means of surface applications of radium to the rectal and urethral aspects of the prostate.

The immediate changes obtained from this procedure are distinctly encouraging. By proceeding with caution, always attempting to destroy the growth, not the patient, we hope in several years to be able to talk of *results*. Our hope lies in *early recognition* of the lesion.

(2) *Tumors of the Bladder.*

Our second most difficult problem in urology has been the treatment of the bladder tumors, the more intense study of which was greatly stimulated by the introduction and success of fulguration, applied through the cystoscope, as a means of destruction. It was soon found that this method was applicable only to benign vesical growths. The use of X-rays, diathermy and radium were next

taken up in hopes that singly, or in combination with surgery, some means of cell destruction might be added to the often futile attempts at removal, of the tumor with subsequent rapid recurrence and death, as shown by operative statistics.

The use of X-rays and diathermy in attempted destruction of bladder growths was a disappointment. Of late, by the use of more powerful machines with deeper penetration, there has been a revival of interest in the use of X-rays in this field. The work is still highly experimental and clinical reports of cases in sufficient number and observed over a proper length of time, will be awaited with much interest and hope.

Radium was taken up as our agent of destruction of bladder growths, applied first through the cystoscope to the surface of the growth, and latterly introduced into the tumor through a supra pubic opening. When applied to the surface of the growth by cystoscopic methods, there was always a question of the nature and extent of the growth, discomfort and irritation accompanying or following the application and inability to reach the deeper structure.

It is now our custom in a papillomatous growth to attempt fulguration. If the growth does not respond at once, it is considered malignant and further effort along this line may stimulate the growth or valuable time lost to other methods which might bring about a cure.

The bladder is opened and if possible, as with cancer in any other part of the body, the growth removed, radium needles being inserted into the bladder wall about the line of suture. In all of the bladders I have opened for growth during the past two years, the tumor has proved to be in whole or part malignant. While it is possible in many cases to resect a bladder with an apparently wide margin of healthy tissue, we found in one case cancer cells extending along the muscle bundles to the edge of the line of resection with no superficial evidence of growth. The fortification of the line of resection in the immediate location of the growth with radium, may help to avoid recurrence. It causes a localized sloughing which lasts three or four months, has given no untoward results and there have as yet been no recurrences in six cases so

treated. In two cases of localized infiltrating cancer where a resection could have been done, the growth was not excised but entirely destroyed by the repeated introduction of radium needles through a supra pubic sinus. Extensive, infiltrating carcinoma was destroyed in this same manner; in six cases where resection was impossible four are free of growth and two subsequently died of general metastasis. Two recent cases of extensive infiltrating growth show marked retrogression of the growth; these cases give us encouragement.

Obviously little can or should be done for an extensive infiltrating cancer of the bladder with metastasis other than to try to make the patient more comfortable, possibly by permanent drainage.

Radium is an important accessory to surgery but must be used with caution. Cancer tissue must be destroyed slowly, for toxæmia always results and too rapid or strenuous application will destroy the patient more rapidly than the growth. By proper study of individual cases, before instituting any line of treatment, especially as regards the presence of metastasis, applying fulguration surgery, radium or a combination of methods, carefully watching the patient after operation that recurrences, which, when detected early, are often easily destroyed by fulguration or radium;—far better results are going to be obtained in the future in this once almost universally fatal class of cases.

(3) *Urinary Infections.*

A subject about which books could be written can only be touched upon lightly in a paper such as this. I have already alluded to the question of the supply of bacteria to the urinary tract and the role of focal infections and gastro-intestinal function in this connection. Much has been written of late regarding focal infections, and their important bearing upon urinary infections has been further demonstrated by valuable experimental work. The recent researches carried out at the Mayo Clinic, in which urinary calculi have formed in the kidneys of seventeen animals following the injection of bacteria into the gums about

the teeth, is convincing. One of our greatest proofs of this close connection is the clearing up of urinary infections in many instances by the elimination of focal infections and regulation of gastro-intestinal function without any special treatment directed to the urinary tract.

Of some of the pathological lesions found in the urinary tract that predispose to infection, I wish to speak briefly. Pockets in the prostate and seminal vesicles enlarged or atonic from congestion or venereal infection, are often the site of subsequent invasion and should always be studied carefully in connection with a urinary infection. Obstructions of the vesical neck have been mentioned, also the manner of dealing with them.

A bladder condition found much more commonly than it was previously supposed to exist both in children and adults, is diverticulum. A pocket so large that it forms a veritable second bladder may be present for years and not be detected until an infection supervenes. The anomaly, congenital in origin, is detected on cystoscopic examination and relieved only by operation which consists in the removal of the sac.

Central nerve lesions with consequent interference with bladder function predispose to infection and must be borne in mind.

Studies in the selectivity of bacteria have shown an apparent affinity of certain strains of organisms for the bladder. Urine containing often more than one type of bacteria will occasionally show localized patches of cystitis, which, if allowed to advance, result in ulceration. This ulcer, termed elusive by Hunner, gives rise to distressing symptoms. The first dictum as to treatment gave resection of the bladder as the only cure. Subsequent observations have modified this stand to the extent that a recent statement by the first writer on this subject was, that of thirty cases observed in the past year, none had been operated. Elimination of focal infections and local treatment of the bladder lesions by topical applications or fulguration is giving satisfactory results.

Pericystitis—contact of the bladder with an outside inflammatory process causing inflammation of the bladder by direct invasion, may be the etiological factor in occasional resistant, obscure bladder infections and should lead to more careful pelvic examinations.

The presence of a calculus or foreign body in the bladder should always be borne in mind. The diagnosis is simple and removal often accomplished by cystoscopic methods.

The ureters play an important part in urinary infections. As conduits of small calibre, with definite points of narrowing; loosely attached; with a heavy, more or less movable kidney above, and an oftentimes irritating fluid passing through them; they are easily kinked, constricted by pathological narrowing, and displaced, thus decidedly interfering with kidney drainage; and must be taken into account in eliminating kidney infection.

How beautifully this is demonstrated by introducing a ureteral catheter into a kidney pelvis in a case of pyelonephritis of pregnancy. With the establishment of kidney drainage the picture changes at once and in conjunction with general measures, often the infection disappears rapidly.

Ureteral calculus is of far more common occurrence than is generally supposed. In any case of severe abdominal or pelvic pain, or continued obscure abdominal symptoms, the presence of a stone in the kidney or ureter should be suspected. Although its presence is not always detected by the roentgenogram, cystoscopic methods at our disposal should bring it to light.

By means of the pliable ureteral catheter and bougie, the injection of a solution opaque to the X-rays outlining ureter and kidney pelvis, and roentgenograms of the patient in prone and erect positions, we should obtain the necessary information to make a diagnosis of a ureteral lesion, kidney lesion, malposition, or congenital anomaly; conditions which must be recognized that treatment may be instituted leading to a cure of the patient.

Prolapsed kidney is one of the most common predisposing causes of renal infection. The resulting urinary stasis and congested kidney are fertile soil for bacteria, and while seldom a surgical entity, the malposition must be taken into account. That the prolapsed kidney is most often the site of pyogenic infection, tuberculosis, stone and even growth is a matter for serious consideration.

While our problems in urology are many, and the field is far reaching, we are not working as once in obscurity, and with the

enlightenment derived from accurate methods of observation and study which has led to decided advances in treatment, the plea of the urologist to-day is an opportunity to relieve the patient in the early stages of the lesion when radical procedures may be avoided; or to apply radical measures of relief before secondary permanent damage has resulted; and in the case of malignancy while the growth is localized.

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DISCUSSION.

DR. CLYDE L. DEMING, New Haven (Assistant Professor of Surgery, in charge of Urology, Yale Medical School), by invitation: I wish to congratulate Dr. Bugbee on the presentation of this interesting paper. It covers the whole field of Urology. Time does not allow a full discussion; but there are a few factors which are not foreign to men in general practice of medicine and of which I would like to speak. Dr. Bugbee has spoken of some of these. The first one which I wish to emphasize is infection. Cases should be studied more thoroughly from the standpoint of urinary infection; is the urine infected or is it not? It is no mysterious phenomenon to determine whether the urine is infected, nor does it involve much time or require much equipment. In 1912 Dr. Churchman pointed out that there were organisms in the normal urethra as far back as the posterior portion; but that in a normal male patient this portion of the urethra was sterile so that after the urethra had been thoroughly washed out by the first two thirds of the bladder urine, the remainder or third glass represented a true bladder specimen. If this is centrifugized and stained immediately, organisms when present can be detected. This procedure holds good with very few exceptions and those are acute prostatic infections so that it is not necessary to catheterize a male patient to determine the presence of bladder infection. Whether the infection is limited to the bladder is a problem for the man who uses the cystoscope.

Blood in the urine is another condition which is rather common. That blood in the urine should escape the practitioner seems rather queer. For instance a college professor recently came to me with intermittent hematuria which had persisted for nine years. He had been treated for prostatic infection and had received prostatic massage when as a matter of fact he had a bladder tumor. A study of the three glass specimen easily demonstrated that the blood came from the bladder or higher up and not from the prostate; for the urine was thoroughly and evenly mixed with blood. Had this man been studied from the point of the three glass specimen, a lesion in the bladder, or above, would have been recognized.

Now, the advance in urology depends upon a few important facts: (1) a thorough study of the case from the standpoint of infection of the bladder and kidneys; (2) the blood chemistry, the latter can be done only while we have the patient in the hospital; so that a thorough study of the urine and of the history of the case will help a great deal in determining the conditions present; (3) the preparation of the case for operation has changed a great deal in the last three or four years. The importance of forcing fluids in the preparation of our operative cases can not be over-emphasized. We should force fluids up to 4000 to 6000 c.c. per day. The water washes out the urinary channel and removes a large amount of infection in the pelvis of the kidney and bladder, and eliminates much of the excessive urea, thereby improving the kidney function. The kidney function is an important part of our preparation for operation. It makes no difference whether the phthalein output is 10, 20, or 50% so long as it is stable. Prostatic and kidney cases with general symptoms of headache, nausea, vomiting, etc., should have large amounts of fluid.

Another important factor in the advancement of surgery has been the choice of anaesthesia. We use gas and oxygen, so that most of the cases are perfectly conscious as soon as the operation is over. In a number of places local and spinal anaesthesia are used with good advantage by those who wish to avoid the use of ether. To avoid ether is the main factor in operating on these patients thus lessening the chance for post-operative pneumonia.

The post-operative treatment has also advanced in the last few years, so that we are now able to carry very sick patients through periods when it would seem that the patient was going to live for only a few days; and we do that by forcing fluids, watching the blood urea and phthalein test. You may ask how much fluid the patient can take. Only last fall a patient with one kidney took sixteen litres for several consecutive days without circulatory disturbance. If they will not take it by mouth then give it per rectum, and occasionally intravenously.

The use of urinary antiseptics has shown a marked advance in the last two or three years. Cases with severe infections which have not yielded to long internal medication are being treated by kidney and bladder irrigations with better results. Where infection is limited to the bladder the results are astounding when mercurochrome is given one to three times a day. It is not a specific for bladder infections, but concentrated treatment is the best. For kidney infections, the old time treatment with silver nitrate is excellent, but the mercurochrome treatment will give as good results with less reaction following the treatment. Another drug will soon be put upon the market which will be better than mercurochrome:—it is an allied drug without the staining qualities, that, too, has very strong antiseptic qualities especially for the *B. coli*. So that we are attacking certain problems in urology from several standpoints: from the more careful study of the case; the more careful preparatory treatment; from the standpoint of antiseptics; from the choice of anesthesia; and from the post-operative treatment.

DR. THOMAS N. HEPBURN, Hartford: I was especially interested in that portion of Dr. Bugbee's paper in which he referred to the carcinomatous prostate. This problem is I fear one most discouraging to urologists at present.

I feel quite sure that I can not always make a preoperative diagnosis as to which prostates are certainly cancerous and which are not. Too often I am chagrined at getting my pathologist's report, on a prostate that shelled out perfectly easily, saying it is carcinomatous. This raises the question of whether we should get a frozen section on our prostates as soon as enucleated in order to find out whether they are cancerous before closing the operation—as we do in breast tumors.

Should the prostate be cancerous—what then? Our procedure has been (through the co-operation of Drs. Heublein and Roberts, our radiologists) to have the bare radium tubes ready for the 2d stage of the prostatectomy. If the prostate shells out easily and proves cancerous, the radium seeds are at once placed around in the prostatic capsule at distances of every square 2 c.m. If the prostate can not be removed in toto, we remove all we safely can—both to relieve obstruction and to give the radium less mass to act upon. By this method we feel that whatever virtue there may be in radium is given its best chance.

I was much interested in seeing Dr. Bugbee's pictures of malignant tumors of the bladder. Our procedure differs somewhat from his, in that we make the effort to remove surgically all, or as much as we can, of every tumor. The removal is done with the electro-cautery frequently. Then the bare radium tubes are implanted in what we find it impossible to excise. We try not to implant in the line of incision. Our autopsy specimens show that there is an area of necrosis for a radius of $\frac{1}{2}$ c.m. around the implanted radium and theoretically we have felt that this would hinder healing and have a tendency to aid infection. Such infection traveling up from the base of the bladder retroperitoneally probably occurs oftener than we realize and is an important factor in some so-called pyelitis cases.

The next thing I wish to refer to is the question of ureteral obstruction. This I am quite sure is a much more prolific cause of urological difficulties than we have appreciated. This obstruction is not uncommon in the uretero-vesicle valve as the result of spasm of the bladder muscle and can cause symptoms of ureteral calculus due to ureteral distension, hydronephrosis and pyelitis.

I was pleased to hear Dr. Deming emphasize the necessity of forcing fluids in the treatment of urinary infections, rather than a dependence on any urinary antiseptic to be taken by mouth. Water and plenty of it is the best medical treatment for a cystitis or pyelitis.

DR. PAUL D. HIPPOLITUS, Bridgeport: Benign or malignant papillomata of the bladder are greatly benefited by fulguration. This method of electro-coagulation in conjunction with roentgen ray cross-fire, cutting operation

and radio-therapy form the ideal outline for the treatment of malignant tumors of the bladder. The cutting operation alone is not to be advocated owing to the usual recurrences or implantations following; but in conjunction with intense roentgen ray cross-fire, fulguration and radium-therapy preceding and following the cutting operation or resection, the results are by far more encouraging, because with this method the neoplastic tissue is devitalized previous to the cutting operation and the danger of transplantation or recurrence is minimized.

DR. BUGBEE, closing the discussion: I did not attempt to go into the matter of technique in the various phases of urological surgery excepting to touch upon some of the newer methods in dealing with surgical conditions. It was impossible to go into the matter of preparation of the patient, etc.

With regard to the incidence of cancer of the prostate superimposed upon hypertrophy as brought out by Dr. Hepburn: I have not found that a large percentage of cases show carcinoma where the operation was performed for simple hypertrophy. We have not found carcinoma in more than 5 per cent of such cases. Most of the cases that come to us with carcinoma of the prostate are well advanced, and in most of them the growth has extended beyond the prostatic capsule.

I stated in the paper that when possible we resect the bladder for cancer. I don't see why cancer of the bladder should be treated differently from cancer in other parts of the body; if it is not possible to resect then it is a question of destroying the cancer *in situ*.

I have watched the areas of necrosis resulting from implantation of radium needles about the line of resection; they slowly heal; there have been no complications in the convalescence of the patients so treated, i. e. by resection and radium implantation about the line of resection.

The Prevention of Eye Disorders.

DR. HENRY S. MILES, Bridgeport.

In a short survey of this subject one can hardly more than mention hereditary defects and diseases. They include ptosis of the lids, absence of the iris, colobomas of iris, lens and choroid, cataracts and displaced lenses, degenerative changes in retina, choroid and optic nerve. As a result of these defects vision may vary from slight impairment to complete loss. Albinism, color-blindness, night-blindness, and nystagmus are some of the symptoms one meets with. The conditions would not be passed on to succeeding generations if eugenics were practised in the human species. When all men and women are proven free from transmissible defects before mating there will be few of these troubles. The application of our growing knowledge of endocrinology and the problems of diet and the mysteries of metabolism may lead to such care of pregnant women that these errors in development will not be apt to occur.

It is well known that near-sightedness, far-sightedness, and astigmatism appear in children whose parents have the same error of refraction.

Inherited syphilis of the eye usually takes the form of interstitial keratitis, more rarely choroiditis, retinitis, or optic neuritis,—iritis only occasionally. Paralyses of the muscles are sometimes present. Congenital inequality of the pupils is most probably of specific origin. Prevention here must come through the cure of those afflicted with acquired syphilis.

In the purulent conjunctivitis of the new-born about 65% of the cases are infected by the gonococcus. So prevalent was this disease before the routine installation of silver nitrate was instituted, that 20 to 30% of the inmates of institutions for the blind were made blind by this one cause. It thus ranked next to smallpox, which, according to Groenouw, was responsible for 35% of all blindness before vaccination was generally practiced.

The consensus of opinion held at present is that there is no

preparation of silver so good for a prophylactic as the one percent silver nitrate, 2% is rather irritating. We should carefully note the strength when writing prescriptions, as three cases have come under my care where a 10% solution was used. This acted as a caustic; but recovery without corneal opacity took place in each instance. So impressed was one oculist with the power of this substance to prevent development of bacteria in the conjunctival sac that he uses it before every intraocular operation. He has had no infection since adopting this method. Most states require the use of silver to prevent ophthalmia neonatorum, and precautionary measures have reduced the number of blind in this country from this disease to 8%.

Gonorrhreal conjunctivitis does occur in girls between two and ten years who have a vaginal discharge. Physicians and nurses may become infected while carelessly treating patients with gonorrhea. It is rather an uncommon disease in adults—the reason given is that gonococci die very quickly outside the body. Metastatic gonorrhreal iritis is usually found in males, originating from urogenital abscesses or joint affections. One of our members doing genito-urinary work informs me that the educational activities during the war and the use of prophylactic measures lessened the amount of gonorrhea in general. He doubts, however, if men in civil life use prophylactics much, but they do seek treatment early.

Young children are very liable to contract other forms of conjunctivitis. Trachoma or granular conjunctivitis may be of specific bacterial origin,—but this has not been proven. It usually develops insidiously with only slight discomfort. It occurs as a rule where people are crowded together, poorly fed, and poorly cared for. It is very prevalent at present in China and Armenia. If neglected, the outcome will be scarring of lids and involvement of cornea with vascularization or ulceration and damaged sight. The way to ward off these evil effects is to do an operation and express the trachoma follicles.

A very common and serious form of conjunctival trouble is the so called phlyctenular, associated with phlyctenular keratitis and

ulcers of the cornea. This disease is usually found where the child's surroundings are unclean and the food improper. It is often associated with bad teeth, enlarged tonsils and adenoids and digestive disturbances. Many have tubercular swellings in the neck—some observers assert that phlyctenular keratitis is always tuberculous. In spite of the good work being done to eradicate bovine tuberculosis some still exists. If children are fortified and made able to resist it by proper feeding and good hygiene, the infection is not so apt to do harm.

It seems to me that the question of diet is so very important in our efforts to maintain a good healthy condition of the body, including the eyes, that I wish to lay especial emphasis upon this subject. There are a great many eye conditions beside the last disease discussed that are caused directly or indirectly by the wrong kind, or amount, or combination of food-stuffs or the improper preparation of them. The subject is somewhat complex and most laymen think it altogether too much trouble to bother about carbohydrates, proteids, fats, calories, vitamines or inorganic salts. But it will some day become more simplified and more thoroughly understood. Then people will be better able to guard against the development of abnormal conditions and be prepared to fight their microscopic foes.

When I said to the mother of a little girl with phlyctenular ulcers,—“Be careful of her diet: no candy, no cake, no pie, no tea, no coffee,” she exclaimed—“Why the poor child, that’s all she eats.” To another parent I put the question, “What is this boy’s food?” “Well, Doctor, I hardly know. He wont eat anything at home, for his uncle, who is a baker, gives him cookies all day long.” And similar instances might be multiplied.

The ancient Egyptians believed that nearly all diseases were caused by overeating or by worms, which is about true to-day, if bacteria may be placed with the worms. Some authorities believe that proteid food and heavy starches should never be eaten at the same meal. It seems reasonable that our digestive chemical laboratory ought to be given but one big piece of work to do at one time. One of our pediatricians said to me that his work was

largely teaching mothers what to feed their children. Perhaps some day the work of all physicians will be largely teaching their patients proper feeding. There are many things beyond our control but we can, most of the time, say, if we will, what shall go into our stomachs three times a day. Education should come first, then self-control or self-driving to do what we believe to be right and to do it regularly.

It is not necessary to dwell upon the subject of infection from teeth, and I try not to be an extremist, but I have seen so many inflammatory eye conditions clear up after the mouth has been made clean that I agree with the men who try to eradicate all positive trouble of this character. I believe that dead teeth, bridges and crowns should be radiographed yearly.

Strabismus is the condition, next to inflammatory troubles, for which most children under five are brought to the oculist. There is almost invariably a refractive error present, which should always be corrected under a cycloplegic immediately after the discovery of the squint. It will usually prevent permanent disfigurement and make operations upon the external muscles unnecessary. It will also prevent any deterioration from non use. Glasses are worn in safety by children as young as two and one-half years. Serious injuries to eyes by broken lenses very rarely happen with children or adults. I have had but three cases in my practice.

The eyes of all children about to begin school should be examined; if errors of refraction be found of any considerable degree glasses should be worn, not only to enable the child to see better or more easily but also to prevent fatigue, discomfort in the eyes, headache, backwardness in school, mental and emotional disturbances.

In this paper I can merely touch upon the importance of proper posture and proper illumination in homes, schools, offices and factories. No artificial light equals daylight. It seems to me that daylight saving is also eyesight saving. Some wise Arabian said a long time ago, that we should always go to bed eight hours before sunrise. An average of eight hours sleep for the average worker with eyes and brain has been the proper amount up to the

present time. However, some psychologists are now telling us that we can so conduct our lives that four hours sleep will be sufficient for an adult.

Myopia in young people is probably caused by a rather sudden rise in intraocular pressure, perhaps during an attack of whooping cough, bronchitis, or measles when the tissues are soft and the child weakened by illness, the eyeball elongates. Children should not lift very heavy weights or exercise in such a way as to cause a rise in intraocular pressure. Reading or writing in a stooping posture or with eyes too much cast down tends to increase nearsightedness. Ordinary reading or writing is not apt to cause but may increase it. Myopia, developing after the twentieth year, has been observed associated with goitre and pituitary disturbances. How many wonderfully interesting things there are concerning glands! There are glands that make us happy, there are glands that make us blue, and—vice versa.

This question is frequently asked:—"How often should eyes be examined?" Unless there is manifest trouble it is hardly necessary to begin systematic regular examination before the age of four years, except perhaps for the purpose of determining whether there is a high refractive error which, if neglected, might cause the development of strabismus. One might, of course, discover congenital defects or very rarely indeed an intraocular growth, at this time.

Children begin to use their eyes for small objects at about four years of age. Kindergarten and school soon follow. It is not easy to test vision accurately before this. From the beginning of school to the end of college life it is well to have a thorough examination made every two years by a physician who knows how a normal, healthy eye should appear. In early adult life one can safely make the interval somewhat longer. Most individuals when about forty-five need additional help for close work. For fifteen years or so thereafter one's eyes should be examined yearly, not only to be sure that the proper lenses are being worn but also to ascertain if there be signs of anything pathological. After the age of sixty the eyes should be looked to at least every two years

in order that lenses, vitreous, fundi, fields and intraocular pressure may be checked up.

The eye is well protected on all sides except directly in front, but it is subjected to a multiplicity of accidents, the majority of which are preventable. The National Committee for the Prevention of Blindness, The Illuminating Engineering Society, The Eyesight Conservation Council of America, and special committees of the Ophthalmological Associations are constantly working to devise means and measures for the preservation of eyes with vision as perfect as possible. Obstetricians should bear in mind that eyes may be injured during instrumental delivery. A mother, nurse or big sister should never permit the eyes of an infant to receive the direct rays of the sun. Most people keep sharp instruments as scissors, forks, knives, manicure files, pens and pencils away from young children, but occasionally a baby will play with a button-hook and pull it through the lower lid.

Children, as they grow older, injure their eyes in a great many ways. Sticks and stones, broken glass, fireworks, arrows and darts are a few of the many causes of trouble. The game of "Two Old Cat" has inflicted many wounds. The manufacture of air rifles should be prohibited by law. The cutting of kindling wood by propping the stick at an angle and striking it near the centre destroys eyes quite frequently.

Much has been done lately to prevent the entrance of foreign material into the eyes of the men in our shops. Glasses and goggles should always be worn when pieces of emery, stone, steel, or iron are apt to fly about. They also protect against caustic liquids and splashes of molten metal and lime. If these glasses were fitted more carefully they would be more generally used. The frames should be comfortable. The glasses should be laminated by having a central celluloid layer which renders them non-shatterable. The lenses should be easily replacable in the frames for they soon get picked and pitted by the particles which strike them. The worker's error of refraction, if one be present, should be corrected. Boys in Manual Training Schools, Trade Schools, and Technical Colleges should be protected by glasses when the

work is hazardous, as well as the men in factories. Goggles may have side screens if necessary. They are valuable against excessive dust, as in sand blasting. If there is reflected light or glare slightly tinted lenses should be used. Radiant energy from oxyacetylene and electric arc welding require special dark glasses. These and many other precautionary measures taken will largely eliminate the great waste in industry which has been estimated at \$2,500,000,000 per annum in the United States. \$900,000,000 of which is charged against faulty eyesight.

There were a short time ago 25,000,000 workers with defective vision requiring correction. There are 15,000 industrially blind in the United States which is 13.5% of the total blind. Seventy-five percent of accidents in industries can be prevented through proper protection and proper lighting. Some employers have all new operators thoroughly examined and this examination includes eyes and eyesight.

There is not time to go into details concerning the many varieties of injuries or the ways different parts of the eye may be hurt. The most frequent occurrence is the lodgement of some foreign substance in the cornea. The substance should be promptly, thoroughly and careful removed with a sterile instrument to prevent infection and ulceration. These injuries may seem slight affairs but they sometimes become most serious. A wound of the ciliary body, which is situated back of where cornea and sclera join, is always serious. If this be at all extensive it may lead to a sympathetic inflammation of the fellow eye with its destruction. When this calamity has threatened the only prevention up to the present time has been enucleation of the injured eye. Knapp and Woods have made some investigations lately in which they used preparations of uveal pigment to determine whether or not sympathetic trouble was likely to develop. These studies may lead to the perfecting of some technique which will prevent this dread disease.

Practically all infectious diseases are accompanied or followed by ocular complications. Many are severe and serious. Just as syphilis invades every part of the body it may attack all the tissues

of the organ of vision and its adnexa. It causes two percent of all eye diseases. The iris and ciliary body are most frequently affected, optic nerve, ocular muscles, retina, and cornea in the order named. Both eyes are involved in nearly half the cases. It is estimated that in 25% to 60% of all iritis syphilis is the cause. A majority of external ocular muscle palsies are of specific origin. A large percentage of our blind are made so by the ravages of this disease.

The answer is:—Education by the government, efforts of social hygiene associations, early diagnosis and cure by physicians can alone eliminate this awful plague and thus save numberless eyes.

When the eye is attacked by tuberculosis it is generally infected indirectly from trouble in some other part of the body. The conjunctiva, cornea and skin of the lids may be directly infected. A small percentage of interstitial keratitis is caused by tuberculosis. The iris and choroid are quite frequently the seat of tuberculous processes. Other parts of the eye are more rarely affected. Proper food and out-door life should protect against the development of this disease.

Glaucoma is all too common, especially the chronic form. Volumes have been written on the etiology of glaucoma. This disorder usually affects people from middle life onward, and usually both eyes. It probably always occurs in persons whose health is poor from some organic or functional disturbance. Some of the exciting causes of hardening of the eyeball are,—uncorrected errors of refraction, over-use of the eyes, arteriosclerosis, cardiac disease, disease of retinal vessels, syphilis, influenza, bronchitis, gout, infection from nose or accessory sinuses, from digestive disorders, diseased tonsils, or defective teeth. Doctor Bell in discussing this phase of infection says, "Patients should understand that if they do not get rid of toxemia, then toxemia will get rid of them." Other causative factors in glaucoma are disturbed functions of one or more of the ductless glands, insomnia, fear, and worry. Therefore we should not worry which does not at all mean that we shouldn't think.

Opacities of the crystalline lens appearing during the latter part

of adult life are quite prevalent in this part of the world. Hard cataracts can be removed with the restoration of useful vision in 96% of cases by an operation which was perfected 35 or 40 years ago. It is desirable, however, that some means be found to keep our lenses clear if possible. Many of the things that are supposed to bring about plus tension are also associated with so-called senile cataracts. The following facts have long been known. Men occupied as glass blowers, furnace workers and people living in hot climates are subject to this trouble because of the deleterious action of the heat radiations. Cataracts occur in 30% of the people who have diabetes. It is also true that people in very warm climates subsist largely upon starchy food. There are comparatively few cataracts in Sweden and a prominent ophthalmologist from there gave as a reason lack of intense sunlight in that latitude. We have here two things that may be regulated, a diet composed of less sugar and starch and the wearing of spectacles which modify the strong light. Few patients complain of discomfort from sunlight. When they do, a tinted lens is often prescribed.

The last and furtherest removed disease to be mentioned is retrobulbar neuritis from chronic ethyl alcohol poisoning. This is going to be prevented by the Eighteenth Amendment.

It would seem from this brief and imperfect outline that many disorders are now prevented, many more might be and should be. By preventing general infections a number of eye troubles will go with them. By more careful attention to the errors of refraction much harm will be for stalled and by obeying all laws of hygienic living we may make many more of these disorders less frequent.

DISCUSSION.

DR. ARTHUR N. ALLING, New Haven: Convergent strabismus, of which Dr. Miles spoke, is in my experience one of the conditions about which some of the members of the profession need enlightenment. A mother brings her child of two or three years of age to you with the story that she observed one eye to be turned in toward the nose but the next morning it was straight. This condition occurred more and more frequently until the eye is permanently crossed. You tell this mother that the oculist will not operate on the

eye until the child is nine or ten years old; that in the meantime there is nothing to be done, and that probably the child will outgrow the trouble. All of these statements are false. We are operating on cases younger than that, there are a number of things that may be done for these cases of strabismus other than operation, and the child will never outgrow it. In the first place the child should be made to wear glasses; many cases being straightened by these means. Then you may find amblyopia ex anopsia in the squinting eye, which means that if the eye is not used it will lose some of its vision, therefore the eye that is turned ought to be made to work, and this is done by putting a patch on the other, or one may use atropine in the straight eye and thus oblige the other to be used. There are other things besides—like gymnastic exercises which will help to maintain the fusion sense,—so it is entirely wrong that these cases should be neglected and told that nothing can be done for them.

Another thing to which I should like to call the attention of the general practitioner is myopia. A young boy or girl, about eight or ten years of age, begins to see poorly in school, but reads near at hand perfectly well, and the parents and teacher often take no notice of this defect. If it is allowed to go on unchecked to eighteen or twenty years of age, very serious pathological changes may occur. If we correct the bad habits of the child—stop him from reading curled up in a dark corner, etc., see that he has proper glasses, the process may be arrested. If one has hypermetropia or astigmatism he may read until he cannot see,—yet he will never have any actual lesion of the eyes; but if you have myopia you have a condition that may lead to some very serious damage, for it is a disease.

DR. SHELDON S. S. CAMPBELL, Middletown: Dr. Miles in his masterful presentation of his subject, has briefly touched upon about every phase of "Prevention of Eye Disorders" existing, from the application of eugenic laws to the ancestors of individuals, and of all the various ocular vicissitudes through which those individuals might be called to pass during their journey through modern life up to senility, and even including the possible deleterious effects that may ensue from post-mortuary lamentations for the departed. A very broad subject with boundless possibilities for discussion.

I cannot hope to add to his paper and will only amplify a few of the points made by him.

I feel that we as medical men are under a very great obligation to the Community, State, and Nation as well, to seriously consider preventive measures, looking toward the conservation of the eye-sight of our people, to insist that something very tangible is speedily undertaken in a large way toward the "Prevention of Eye Disorders." There is a very great need for such effort as revealed by the few statistics given.

The need is even greater in our State than in any other State in the Union. According to Surgeon General Ireland's official report of the results

of the examination of the first one million draftees, *Connecticut heads the list in the percentage of eye diseases* as revealed by his report which we must accept as authentic and conclusive.

This fact may be due to three causes chiefly.

- 1st. Character of industry, chiefly manufacturing fine texturals requiring close and sustained application of the eyes, quite different from work in steel mills, mining, building locomotives, etc.
- 2d. A very large foreign population among whom eye troubles are generally conceded to be more prevalent.
- 3d. Comparative absence of eye clinical facilities for the great majority of our workers. Only the larger cities and of these only three or four maintain eye clinics at all.

According to Dr. Ireland's report a graph of which I have had enlarged and passed around, you will see that our ratio per thousand is 27+, whereas the average is only 7+. This fact alone should warrant our careful thought.

School inspection and examination of the eyes has been very briefly mentioned. I personally feel that such should be very thorough. This is a very great opportunity we have offered for viseing the health of our youth, and I feel we should make the most of it.

I think no part of the examination should be perfunctory but very general and thorough, particularly that of the head and special senses. Here is the great opportunity of getting early eye diseases and preventing their full development. Whatever else the general examination may be, that of the eyes should be very thorough, never delegated to the laity as is unfortunately so frequently allowed, unless they have attended a special school for instruction in the examination of vision and external eye, because many people are given a false sense of security in believing that their children's eyes are all right after such superficial inspection and thus neglect to consult an oculist frequently with serious results. After the right kind of examination, suitable follow up measures should be undertaken, otherwise little is accomplished by the test.

Industrially our big manufacturers are just getting wise to the status of vision in its relation to production.

Uncle Sam the great employer of labor did not have any place for the half blind when he had any particular job to do, and turned back into civil life thousands of half-blind men, who were absorbed by industry. Large employers of labor are just beginning to investigate the interrelation between good vision and efficiency, to say nothing about the reduction of accident and consequent compensation loss, and waste of material incident to faulty vision.

In some surveys, I have made personally, I have found as high as 64.5% needing the services of an oculist with only 14.8% having approximately normal vision either with or without their correction. However, industrially we need not worry, because the hard-headed business man will in time elimi-

nate the waste incident to defective vision just as he has in the past eliminated waste due to other causes even less tangible.

Finally, I wish to call attention to the good work being done in our State by the Commission for the Education of the Blind. I believe they should have a much larger appropriation granted them for financing a more comprehensive program of prevention of blindness along with their more generally known work of education and rehabilitation.

I cannot share Dr. Miles' optimism regarding the disappearance of the menace of methylic alcoholic amaurosis because as long as there is the will to drink there will be some source and I feel that the illicit manufacture is more of a menace than heretofore.

DR. ARTHUR M. YUDKIN, New Haven: I was very glad to hear Dr. Miles make particular mention of the importance of diet in the treatment of the more important ophthalmic disorders in children. My experimental work on the albino rat fed on a diet free from fat soluble vitamine has very clearly brought out this point. It is important also at this time to call the attention of the general practice to the misuse of atropin in individuals over forty-five years who come to them with an ophthalmic disorder resembling iritis. Of late we have seen a few mistreated cases of glaucoma.

DR. DORLAND SMITH, Bridgeport: Dr. Miles is to be congratulated for bringing a matter of such importance before us, and for calling attention to the ways in which eye disease may be more or less prevented, and the Society is to be congratulated on having so careful a presentation of the subject for discussion.

DR. MILES, closing the discussion: I wish to thank the gentlemen for their further elaboration of this subject.

Permit me to add a word regarding the 18th Amendment. I was careful to specify ethyl alcohol, realizing that methyl alcohol is frequently a part of the drinks of to-day and is likely to cause acute retrobulbar neuritis, but eventually this too will be prevented.

Spontaneous Pneumothorax with Report of a Case.

DR. WALTER R. STEINER, Hartford.

By the word pneumothorax we refer, of course, to a disease in which air is found in the pleural cavity. It is an affection of great antiquity, as it was known to Hippocrates, but his conception of it was very vague. Although traumatic instances were subsequently reported, yet no one knew that examples could be found arising from tuberculous lesions in the lungs until Itard¹ called attention to it in his thesis, which was published in 1803, when he named the condition pneumothorax. The most important contribution to our knowledge of it came later from Laennec² who accurately described it in 1819, and gave us many of the physical signs for its diagnosis which we employ to-day.

We now know that many causes exist for its development. In Biach's³ study of 918 cases from the records of three large Vienna hospitals, over a period of 38 years, he noted that tuberculosis was a factor in 78%. In the remaining 22% a still smaller percentage of 2-3% was found where the pneumothorax came on spontaneously, without any known cause. This type of pneumothorax, which will attract our especial attention, was considered quite a rarity until recently. For Fussell and Riesman, in 1902,⁴ could only collect 56 cases from a study of the literature and add two more from personal observation. Since then the wider application of the X-ray in the diagnosis of thoracic conditions and our more extensive knowledge of this variety has caused the number of reported cases to be quite rapidly multiplied. In 1912 Nikolsky⁵ collected 90 cases together and four years later Smith and Barry⁶ increased the number from the literature since 1902, including also three of their own, to 145. Most recently Parkes-Weber⁷ in an appendix on literature relating to the subject of so-called spontaneous ideopathic pneumothorax increases this number by ten additional references and I have heard in the last few years of a number of unreported examples, so the affection is not as rare as was once supposed.

In a study of the previous cases we find that it can arise absolutely spontaneously or be brought on by sneezing, coughing, laughing, yawning or crying. Occasionally an insidious, instead of a rapid, onset may be noted, for Pepper⁸ from a study of 500 cases of various types of pneumothorax found an insidious onset in 23%. It is unaccompanied by constitutional symptoms or other evidences of infection and recurrences may be observed, as in our case, in variable numbers. Sale's⁹ patient, for example, had eleven attacks during six years and at least four instances have been reported in which the recurrences have been on opposite sides. The individuals affected have generally been the young adult. Over 80% of Nikolsky's cases were in this period of life and both sides appear to be affected with equal frequency, the exciting cause generally being some exertion, although it may be most slight in amount.

Brunnicke of Copenhagen¹⁰ first showed that emphysematous changes might be considered as the connecting link between tuberculous lesions and pneumothorax, and the cases of Pitt¹¹ and Zahn¹² appear to have resulted from the tearing near the apex of the lungs of an emphysematous bleb which was glued down by an adhesion to the opposite pleural surface. Parkes-Weber assumes that most, if not all, of the cases of this type of pneumothorax are really late or accidental results of a cicatricial reaction to a normally healing local process. In other words, it is caused by a rupture of an emphysematous bleb associated with a localized tuberculous lesion, either healed or quiescent, which is located in the lungs or the pleura, and this view seems to me to be the most convincing.

The chief symptom is a pain which varies markedly in severity and may be located in the front, side or back of the chest. It is generally increased by movement and change of position. Dyspnoea is also noted in many instances as an accompanying symptom, but a cough is only rarely observed.

In a study of the physical signs of this condition we find as no fluid is usually present in the affected pleural cavity, that movable dulness, succussion sounds and metallic tinklings are generally

absent. The coin sound, however, may often be obtained. We may also note some enlargement of the affected side with a lack of the respiratory movements. The tactile fremitus is frequently decreased or absent, but the findings on percussion may be most variable as the note may be almost normal, slightly hyperresonant or tympanitic. The resonance generally extends quite low on both sides, due to the compensatory distention of the unaffected lung and the escape of air into the space between the diaphragm and the chest wall on the affected side. Hamman¹³ has emphasized the absence of respiratory changes at the lower level of the resonance on the affected side. By stethoscope the diminution in the breath sounds over the affected side may be most striking. If the pneumothorax is complete, the mediastinal structures may be displaced, and if the left side is involved, changes in the heart signs are noted as well as the displacement of the heart to the right as revealed by the X-ray. These changes in the heart signs in the recumbent posture are the complete disappearance of the apex impulse on inspection or palpation, the loss of cardiac dulness on percussion and only faintly audible cardiac sounds on auscultation. If the patient, however, will stand or especially lean forward, then the heart will seem to swing nearer the chest wall and cause the return of pulsations, dulness and heart sounds.

The outlook for recovery is good in from 4-6 weeks and rest is the most important factor in the treatment of these cases. We must bear in mind, however, that recurrences may be observed.

The subjoined case history presents an example of this affection which I have seen recently.

S. P., a male, aged 24 years (Hospital No. 137364), entered the Hartford Hospital on the surgical side on Nov. 25, 1921, complaining of pain in his chest. His family history was negative for tuberculosis. He had had his tonsils and adenoids removed a year ago and five years previously had had an attack of bronchopneumonia, while living in New Haven, of about two months' duration. After convalescence a cough remained for about six weeks and I saw him then on several occasions, as he had removed to Hartford. His lungs at that time were negative. Two years

ago he was again seen by me for a mild gastric disorder. He was subject to colds which were mostly in his head and were made much less frequent by his tonsil and adenoid operation. He was moderate in his use of tobacco. Five hours before he entered the Hospital, he got up and in dressing threw his head up to button his collar. Immediately on doing so he experienced a sharp knife-like pain beneath his left scapula which radiated to the front along the left costal margin, across his abdomen to the right costal margin. At the same time he felt suffocated and nearly fainted. Shortly thereafter he broke out into a profuse perspiration and seemed to be in collapse. Subsequently the pain was somewhat easier and slight palpitation was complained of. Dr. E. R. Storrs of Hartford saw him shortly after the onset of the pain. At that time the diagnosis was uncertain, the abdomen was rigid and pain was complained of above and below the diaphragm. It was made worse on change of position. Thinking the condition might be due to a ruptured gastric ulcer, Dr. Storrs brought him to the Hartford Hospital, where he arrived about 4 P. M. There he was first seen by Dr. P. W. Snelling, the assistant resident surgeon, who made the tentative diagnosis of pneumothorax. Shortly thereafter Dr. George N. Bell, the visiting surgeon on service, saw him, and, thinking the condition to be a medical one, telephoned to me to come to the Hospital. He also gave at the same time an epitome of the patient's symptoms whereupon I told him I thought the case was one of spontaneous pneumothorax. After a brief interval I saw the patient at the Hartford Hospital.

He was a well built, well nourished man, lying quietly in bed without exhibiting any marked signs of pain. His respirations were slightly increased, but not labored. His chest was well formed and showed lack of expansion on the left side where the intercostal spaces were obliterated. On percussion hyperresonance was noted over the entire left front and a dull tympany was found over the entire left back. On auscultation the breath sounds were inaudible over the entire left side where tactile and vocal resonance were absent. Over the right side the breath sounds were increased in intensity, and vesicular in quality. A

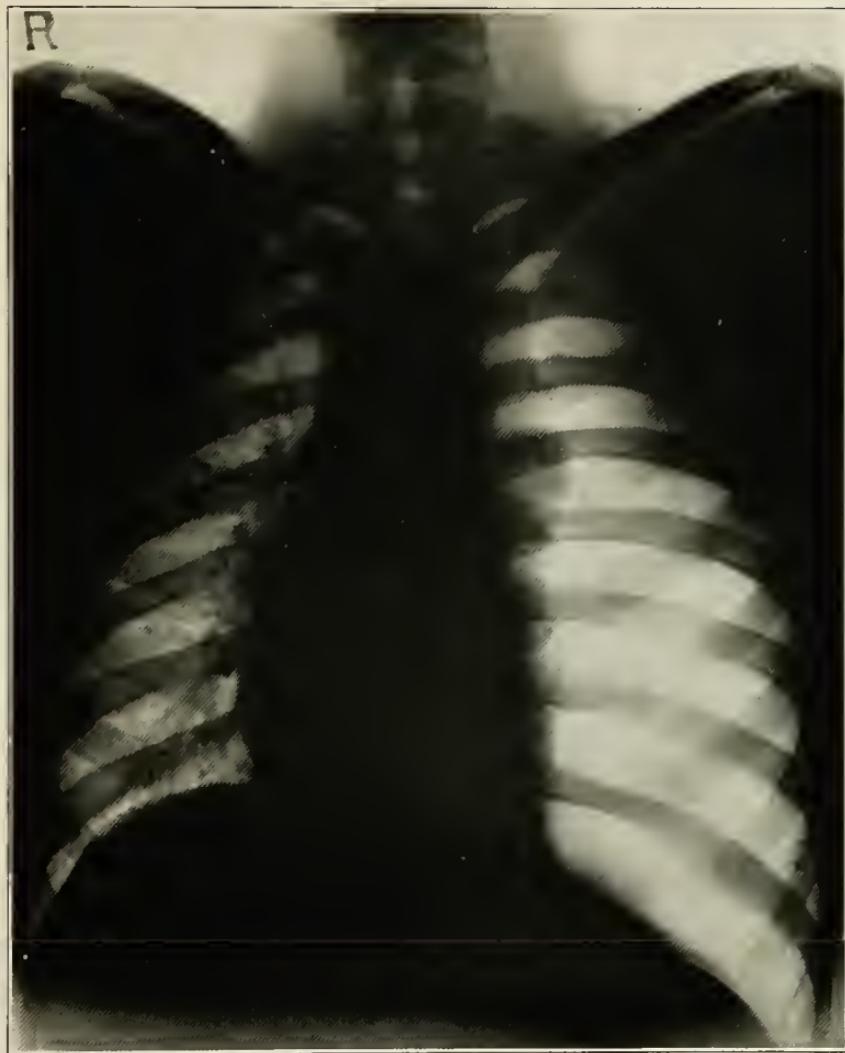


FIG. 1. Nov. 24, 1921. X-Ray of the thorax showing a total collapse of the left lung with the displacement to the right of the heart and trachea.

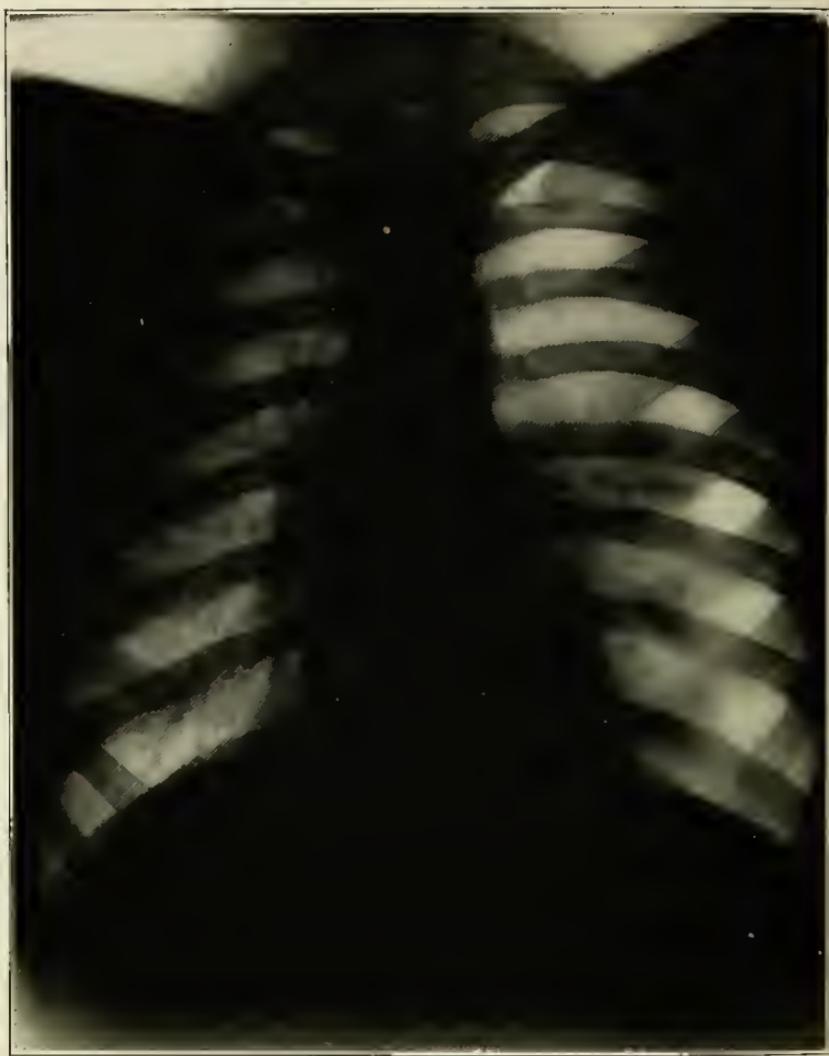


FIG. 2. Dec. 16, 1921. X-Ray of the thorax showing the left lung expanded approximately to two-thirds of its normal size.



FIG. 3. Dec. 26, 1921. X-Ray of thorax showing the left lung to be completely collapsed again. Apparently the pleura is adherent in the region of the seventh interspace posterior.



FIG. 4. Feb. 21, 1922. X-Ray of the thorax showing the left lung to be completely expanded. There is a pleuro-pericardial adhesion extending on to the apex of the heart.

distinct coin sound was made out over the entire left chest. His cardiac dulness was obliterated on the left side, but on the right side the dulness extended 5 cm. from the midsternal line in the fifth interspace where the sounds by stethoscope appeared to be of a good quality. No heart sounds were audible on the left side. The abdomen showed moderate tenderness in both upper quadrants, especially the left, and moderate muscle spasm was present on both sides. The examination was otherwise negative. The diagnosis of spontaneous pneumothorax was made which was subsequently confirmed by X-ray findings (Plate 1) which showed an entire collapse of the left lung with the heart displaced to the right. No fluid was shown in the left pleural cavity. Two days later faint breath sounds were audible on the left side. The coin sound remained, but no succussion splash could be elicited. The X-ray on November 30th showed a slight expansion of the lung. On December 3d no coin sounds were made out. Four days later the left lung by X-ray appeared to be expanded approximately two-thirds of its normal size. (Plate 2.) Shortly before this the heart was found to be about half-way back to its normal position, but the breath sounds were still reduced in intensity over the lower left chest and vesicular in quality. On December 24th the breath sounds were audible everywhere over the left lung, which now appeared to be completely expanded, and the heart seemed to be again in its normal position.

On December 26th he again experienced a sharp severe stabbing pain in his left chest and his pulse rate rose at this time from 60 to 120 to the minute. (Plate 3.) I saw him on the following morning when similar findings to those which he presented on admission were made out and confirmed by the X-ray. On January 8th the lung was seen by X-ray to be again expanding, but it reached only two-thirds the distance to the axillary wall. Two weeks later the left lower lobe was seen to be almost expanded to the axillary wall, but the upper lobe showed only slight expansion. On February 2d, however, the lower lobe was completely expanded and by February 21st the expansion was complete throughout the left lung. (Plate 4.) At this time a pleural pericardial adhesion was noted, extending on to the apex of the heart. He was

discharged on April 6th in a very much improved condition, and was advised to continue for the present his quiet mode of life.

The blood examination on January 3, 1922, showed hemoglobin, 70%; red blood corpuscles, 6,176,000; white blood corpuscles, 12,700; differential count—polymorphonuclears, 56%, lymphocytes, 37.5%, large mononuclears, 2.1%, transitionals, .2%, eosinophils, 4.2%. The urine examinations had been uniformly negative. On January 12th the patient had an attack of acute appendicitis, but at this time his white blood corpuscles were not increased. On admission, however, his white count was 31,000, with a polymorphonuclear count of 96%.

Conclusions.—Spontaneous pneumothorax is not a rare accident and can be readily diagnosed by the clinical findings, assisted by an X-ray examination of the chest. It probably results as a late accident directly connected with the normal healing of a tuberculous process.

BIBLIOGRAPHY.

¹ Itard. *Dissertation sur le Pneumothorax*, Thèse de Paris, 1803.

² Laennec. *A Treatise of the Diseases of the Chest and on Mediate Auscultation*. English Translation by Dr. John Forbes, London, 1834, pp. 456-488.

³ Biach. *Wien. med. Wochenschrift*, 1880, XXX, p. 37.

⁴ Fussell and Riesman. *Am. J. Med. Sc.*, 1902, CXXIV, p. 218.

⁵ Nikolsky. *Ueber den spontanen Pneumothorax*. Inaugural dissertation, Giessen, 1912.

⁶ Smith and Barry. *Trans. Ass. Am. Physicians*, 1915, XXX, p. 579.

⁷ Parkes-Weber. *The Relations of Tuberculosis to General Bodily Conditions and to Other Diseases*. London, 1921, pp. 21-27. See Note.

Note.—In this list is the reference to one interesting case reported by Dr. David R. Lyman of Wallingford (Trans. Am. Clim. and Clinical Ass., Philadelphia, 1916, XXXII, p. 169).

⁸ Pepper. *Am. J. Med. Sc.*, 1911, CXLIII, p. 522.

⁹ Sale. *Lancet*, 1907, I, p. 1572.

¹⁰ Brunnicke. *A Contribution towards the Elucidation of Some Disputed Points in the Theory of Pneumothorax*. English Translation. Dublin Hosp. Gazette, 1856, III, p. 109.

¹¹ Pitt. *Trans. Clin. Soc.*, London, 1900, XXXIII, p. 95.

¹² Zahn. *Virchow's Archiv.*, 1891, CXXII, p. 197.

¹³ Hamman. Am. J. Med. Sc., 1916, CLI, p. 229. For the most exhaustive study of pneumothorax see Emerson. Pneumothorax: A Historical, Clinical and Experimental Study. Johns Hopkins Hospital Reports, 1903, Vol. XI, pp. 1-450.

DISCUSSION.

DR. WILDER TILESTON, New Haven: I have seen no cases of spontaneous pneumothorax, so far as I can recall, and shall therefore confine my remarks to the ordinary variety. One reason that pneumothorax is so often overlooked is that we expect to find the classical picture with tympanitic percussion note and amphoric respiration. These signs are present in only about one-third of the cases. More often there is hyperresonance (or rarely dulness) on percussion, and the breath sounds are diminished and indefinite in character, or even absent. The coin sound is quite reliable, being noted in 75 per cent.

Another reason for overlooking pneumothorax is the absence of pain in many cases with insidious onset. Here there is nothing to suggest that pneumothorax has taken place, except the increase in the respiration rate. The absence of pain is probably due to the very gradual escape of the air. From the researches of Lennander and of Capps, we know that the visceral pleura is insensitive to pain, while the parietal pleura is very sensitive. The pain of pneumothorax therefore originates in the parietal pleura, probably from traction on adhesions. If the air escapes gradually into the pleural cavity one would expect less traction and therefore less pain.

DR. DAVID R. LYMAN, Wallingford: It is a great pleasure to listen to such a clear presentation of a very interesting phenomenon,—not so rare,—as Dr. Steiner brings out,—as one would suppose, since we have had the X-ray to check us off in our chest diagnoses and to prove to us how little we know sometimes. The case of mine which he mentioned is one of three that I have seen. The only symptom the man complained of was a little tugging sensation in the right chest. He was sent to me by one of the physicians in New Haven. Three years previously he had had the same peculiar sensation. The doctor said the only thing peculiar at that time was that he did not hear any breath sounds over the side, and he told the man to stay quietly at home and come back in three or four days, and he did and was apparently all right. I went over him and the coin sound was apparent all over the right chest, with no breath sounds on that side. He had kept up his athletic and gymnastic work, and had never been sick in his life. He was planning to take the six o'clock train to New York, go to the theatre, and have a good time, and I had to show him the X-ray plate before I could keep him at home. He had an absolute collapse of the right lung. At the end of five weeks in bed the lung completely expanded, and he has been well ever since. The only thing evident now is an apparently healed old tuberculous infection.

The second case had no symptoms, no pain, but a persistent cough. . . . The interesting thing is the enormous power of adjustment which enables one to stand the collapse of one lung without upsetting the circulation and respiration if the other lung is perfectly well. On the other hand, if we have an actual tuberculosis and collapse of one lung, it is apt to produce fatal results. It is a very clear presentation of a very interesting subject, for which we are much indebted.

DR. STEINER, closing the discussion, said that the most exhaustive study of pneumothorax was to be found in the monograph by Dr. Charles P. Emerson in volume eleven of the Johns Hopkins Hospital Reports. This interesting condition is there very thoroughly considered in all its phases.

PROGRAMS OF COUNTY
MEETINGS.

Programs of County Meetings.

FALL (SEMI-ANNUAL) MEETINGS.

FAIRFIELD COUNTY.

Greenwich Hospital, Greenwich, October 11, 1921.

PAPERS:

The More Common Injuries of the Knee Joint:

From the Clinician's Viewpoint: George W. Hawley, M.D., Bridgeport.

From the Roentgenologist's Viewpoint: William A. LaField, M.D., Bridgeport.

The Work of the American Society for the Control of Cancer. Howard Conning Taylor, M.D., New York City.

HARTFORD COUNTY.

The Hunt Memorial, Hartford, November 1, 1921.

PAPERS:

Some Surgical Aspects of Empyema. Donald B. Wells, M.D., Hartford. Polymyositis, with Report of Two Cases. Walter R. Steiner, M.D., Hartford.

The Clinical Significance of Sudden Abdominal Pain. Alfred M. Rowley, M.D., Hartford.

The Treatment of Recurrent Carcinomata of the Breast by Radium and Roentgen-Ray. Dr. Burton J. Lee, New York City.

LITCHFIELD COUNTY.

The Play-House on the Green, Litchfield, October 4, 1922.

(in conjunction with the Fourteenth Semi-Annual Meeting of the Connecticut State Medical Society)

PAPERS:

Address of Welcome by the President, Litchfield County Medical Association. John G. Adams, M.D., Canaan.

Response to Address of Welcome by the President, Connecticut State Medical Society. Charles C. Godfrey, M.D., Bridgeport.

Medical Defense. William R. Miller, M.D., Hartford.

Cancer Week. Stanley H. Osborn, M.D., Hartford.

Carcinoma of the Bladder and Prostate. Clyde Deming, M.D., Assistant Professor of Surgery, Yale University School of Medicine, New Haven.

MIDDLESEX COUNTY.

The Dauntless Club, Essex, October 13, 1921.

PAPERS:

Address on Cancer Control. Howard C. Taylor, M.D., Chairman, Executive Committee of the American Society for the Control of Cancer, New York (by invitation).

Pathology of Cancer. Jesse W. Fisher, M.D., Middletown.

Radium and the X-ray in the Treatment of Cancer. James Murphy, M.D., Middletown.

Cancer in its Relation to the Health Officer. Thomas P. Walsh, M.D., Middletown.

Surgical Aspect of Cancer. James T. Mitchell, M.D., Middletown.

Cancer in the Insane. Roy L. Leak, M.D., Middletown.

NEW HAVEN COUNTY.

The Waterbury Club, Waterbury, October 20, 1921.

PAPERS:

President's Address. Robert E. Peck, M.D., New Haven.

Infection with the Organism of Vincent. Creighton Barker, M.D., New Haven.

Cancer of the Skin (Illustrated). Henry H. Hazen, M.D., Professor of Dermatology and Syphilology, Georgetown University, Washington, D. C.

NEW LONDON COUNTY.

Narwich State Hospital for the Insane, Narwich, October 18, 1921.

PAPERS:

Medical Defense. Frank H. Wheeler, M.D., New Haven.

Voluntary Papers.

Mental Clinic.

TOLLAND COUNTY.

Springs House, Stafford Springs, October 25, 1921.

PAPERS:

Indications for Caesarean Section. Thomas G. Alcorn, M.D., Thompsonville.

WINDHAM COUNTY.

Haaker House, Willimantic, October 27, 1921.

PAPERS:

Is there room for an Optimist in the Cancer Question? Ernest A. Wells, M.D., Hartford.

The Open Reduction of Fractures. Seldom B. Overlock, M.D., Pomfret.

Voluntary Papers.

SPRING (ANNUAL) MEETINGS.

FAIRFIELD COUNTY.

Welfare Building, Bridgeport, April 11, 1922.

PAPERS:

The X-ray Treatment of Septic Tonsils. John Remer, M.D., New York.
 The Schick Test and Toxin-Antitoxin Immunization against Diphtheria.
 Abraham Zingher, M.D., New York.

HARTFORD COUNTY.

The Hunt Memorial, Hartford, April 4, 1922.

PAPERS:

The Treatment of Chronic Nephritis. Arthur B. Landry, M.D., Hartford.
 The Value of Basal Metabolism Determination in the Diagnosis and
 Treatment of Hyperthyroidism. Henry F. Stoll, M.D., Hartford.
 The Surgical Aspect of Goitre. John B. Boucher, M.D., Hartford.
 Differential Diagnosis in Gastro-Intestinal Diseases. Arthur L. Holland,
 M.D., New York.
 The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
 M. C., U. S. Army.
 Address by the Retiring President. Thomas G. Alcorn, M.D., Thompson-
 ville.

LITCHFIELD COUNTY.

Hotel Winchester, Winsted, April 25, 1922.

PAPERS:

The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
 M. C., U. S. Army.
 President's Address. John G. Adams, M.D., Canaan.
 The Standardization of Hospitals. John B. Thomes, M.D., Pittsfield,
 Mass.

MIDDLESEX COUNTY.

Chafee Hotel, Middletown, April 13, 1922.

PAPERS:

Therapeutic Possibilities of Radium. William H. Cameron, M.D.,
 Medical Director, Radium Chemical Company, Pittsburgh, Pa.

CASE REPORTS:

Encephalitis. Charles B. Chedel, M.D., Portland.
 St. Vincent's Anginae. Daniel A. Nolan, M.D., Middletown.
 Meckel's Diverticulum and Multiple Myomata. John E. Loveland, M.D.,
 Middletown.

NEW HAVEN COUNTY.

The New Haven Loun Club, New Haven, April 27, 1922.

PAPERS:

Ectopic Gestation. Michael J. Lawlor, M.D., Waterbury.
 The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
 M. C., U. S. Army.
 A Method for Treating Fracture of the Humerus. James E. Moriarity,
 M.D., Waterbury.
 Chronic Hypertension. Frank E. Meara, M.D., New York.

NEW LONDON COUNTY.

The Mohican Hotel, New London, April 6, 1922.

PAPERS:

Methods and Results of Accurate Dietary Restriction in the Treatment
 of Diabetes. James W. Sherrill, M.D., Morristown, N. J.
 Methods and Results in the Treatment of Diabetes in Hospital Clinics and
 General Practice. F. Gorham Brigham, M.D., Boston, Mass.
 The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
 M. C., U. S. Army.
 Voluntary Papers.

TOLLAND COUNTY.

The Rockville City Hospital, Rockville, April 18, 1922.

PAPERS:

Blood Count as an Aid in Diagnosis. Thomas J. Luby, M.D., Hartford.
 The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
 M. C., U. S. Army.

WINDHAM COUNTY.

The Attawaugan Hotel, Danielson, April 20, 1922.

PAPERS:

Diseases of the Maxillary Antrum. William E. Hendry, M.D., Willi-
 mantic.

The Functions of the Medical Reserve Corps. W. E. Wilmerding, Major,
M. C., U. S. Army.

Acute Exfoliative Dermatitis in Infants. Marguerite J. Bullard, M.D.,
Putnam.

Organotherapy in General Practice. Ernest R. Pike, M.D., East Wood-
stock.

Bovine Tuberculosis in Man. Henry C. Dixon, M.D., Danielson.

OBITUARIES.

Alvin Elizur Barber, M.D.

WILLIAM H. DONALDSON, M.D.

In the passing away of Dr. Barber the Connecticut Medical Society parts with its oldest member; oldest in age, years of practice and of membership in this Society. He was admitted to membership in 1872.

His face was familiar to all of the past, as well as the present, generations gathered in our State and County meetings.

He served as Vice-President of the State Society in 1912; also as President of the County Society at an earlier date.

After a practice of over sixty years, fifty of which was in this state, he retired from active work at the urgent request of his family.

Alvin Elizur Barber was born in Torrington on the 7th day of April, 1831. He passed away from us without warning at noon on the 2d day of March, 1922, after a few years of enforced quietness from a weak heart incident to age.

After a short period of teaching in the public schools of Winsted he entered Berkshire Medical College at Pittsfield, Mass., graduating with the class of 1854, of which he was the sole survivor for several years. He later took a short course at the College of Physicians and Surgeons in New York. Beginning his practice in Riverton he shortly removed to Northport, L. I., where he remained for eleven years. After a few years in Bridgeport and Torrington he located in Bethel in 1871 where he established his home in the house in which he passed the rest of his life.

In Harwinton he found his life-mate,—Julia A. Birge—to whom he was wedded soon after graduation in 1854. His happy choice was proven by their long years of life together. They celebrated their golden wedding in 1904 surrounded by the members of their family. The union was blessed with two daughters, Miss Lisbeth Barber and Mrs. Theodore H. Smith, who with two grandchildren, were left to minister to them to the end. Mrs. Barber preceded the Doctor in death by less than two years. Their companionship

was ideal. Soon after settling in Bethel both united with the Congregational Church in which they were ever active and faithful workers.

Dr. Barber ever exemplified his Christian faith in the practice of his profession, living and preaching as he professed, ever ready with a word of cheer and uplift for his patients and friends. He took little interest in fraternal organizations.

Upon the adoption of the present Health Officers law he was appointed Town Health Officer for Bethel and continued in office for nearly twenty-five years. He was faithful, fearless and interested in the discharge of the duties of this office as in those of his practice.

Although he had been unable to meet with us in gatherings of late years he frequently expressed his regret at being unable to do so, and showed great interest in the reports of our proceedings.

The memory of his long association with us will fade slowly.

George Barnes, M.D.

WILLIAM H. JUDSON, M.D.

Dr. George Barnes died in a Rutland, Mass., Tuberculosis Sanitarium from meningitis, August 27, 1921. He was in practice at Dayville (Killingly), Conn., up to within two months of his death, and by his death the people of the town of Killingly have lost a faithful, conscientious physician; one always willing to attend every call be it to the rich or the poor, never sparing his energy for the sake of a reward.

He was born June 12, 1875, the son of John and Lydia Hirst Barnes of Ashton, R. I. He had two brothers, Henry (called Harry) who is a surgeon in New Bedford, Mass., and Albert a physician in Lonsdale, R. I. He graduated in medicine from the University of New York in 1895, afterward was interne at Kings County Hospital, and Bellevue. Starting practice in New Bedford, he worked ten years, at the end of which time because of the climate he had to remove and came to Dayville, where he remained until death. In this territory he established a good practice and performed many minor operations. If health had permitted he would have made a successful surgeon.

He married first Gillian Douglas, and later Anna Elliott. He was one of the visiting staff at the Day Kimball Hospital and was a constant attendant at State, County, and local society meetings.

He was well liked by all who came in contact with him, and we as a society will mourn our loss.

Arthur Joseph Campbell, M.D.

FRANK K. HALLOCK, M.D.

By the death of Arthur Joseph Campbell at his home in Middletown on March 5, 1922, Middlesex County loses a highly respected citizen and well beloved physician. His genial nature and desire to have good-will abound won him many friends in all classes of society and although he was afflicted with a painful and disabling malady during the last years of his life, he struggled bravely to maintain to the outer world his natural attitude of good cheer and helpfulness.

Dr. Campbell was born March 25, 1856, on the Isle of Wight, England. Had he lived twenty days longer he would have attained the age of sixty-six years. He came to this country as a boy and after deciding to study medicine entered the College of Physicians and Surgeons in Baltimore, Md. He received his medical diploma in 1885 and entered at once upon his service as interne in Mt. Hope Hospital, Baltimore. In 1886 he settled in Portland, Conn., and later in the same year was elected a member of the Middlesex County Medical Association and thus also became a member of the Connecticut State Medical Society. After a short residence in Portland, Dr. Campbell removed to Middletown where he soon built up an excellent practice which continued without abatement until his health became impaired and his medical activities were necessarily curtailed.

In 1890 he joined the Central Medical Society. This local medical society of Middletown and vicinity was founded in 1847 and had lapsed into a period of inactivity. Dr. Campbell was one of the chief members to arouse fresh interest and establish it upon its present effective and satisfactory basis. For this good work he is entitled to much credit.

Although not prominently active in politics, Dr. Campbell's social disposition inclined him to take a live interest in the success of the Democratic party. His sense of civic duty found its chief expression in a continuous service on the Board of Education for

the past thirteen and a half years. He was first elected in 1908 and his present term of service was not due to expire until the fall of 1923. He served on important committees and for a period was school visitor. In these later years he filled the position of school physician, having under his supervision the individual examination of all the public school children.

In 1895, when the movement was started to establish the Middlesex Hospital, Dr. Campbell was an earnest supporter of the project. The institution was open for the reception of patients in the spring of 1904 and he was appointed on the medical division of the first Visiting Staff, a position which he held until two years ago when on account of ill-health he was voluntarily transferred to the Consulting Staff. During all these years he also served on the Board of Corporators.

Dr. Campbell was elected President of the County Medical Association in 1899 and to this organization and to the Central Medical Association he was devotedly attached. He did not aspire to hold office nor did he attempt to write dissertations. He did, however, serve on many important committees and occasionally gave reports of cases and presented clinical observations of merit. His great satisfaction and special forte was to look after the social and entertainment part of the program. He wanted everyone to have a pleasant as well as profitable time at all the medical meetings.

In the years past when the question of contract practice was a disturbing subject of debate in the medical profession, Dr. Campbell's tactful and conciliatory attitude was a decided factor in eventually bringing to pass the high degree of peace and harmony which has now for a long time existed among the members of both the County and Central Medical Societies.

Aside from his medical affiliations his chief fraternal alliance was with Forest City Council, Knights of Columbus, and Bishop MacFarland Assembly, Fourth Degree, K. of C. Dr. Campbell was a member of Board No. 21, Examiner of Draftees; a Lieutenant, 6th Infantry, Connecticut State Guard, and for a time acted as Captain, Ambulance Company, 6th Inf., C. S. G. He was a

member of the Volunteer Medical Service Corps and served on various War Committees.

On October 15, 1890, Dr. Campbell married Miss Ellen Mountain, an accomplished singer and sister of Dr. John H. Mountain of Middletown. Their life together was happy and her sudden death last fall was a severe blow. Dr. Campbell is survived by his three children, Miss Marion and John, living at home, and Arthur, residing in California; a brother, Joseph, of Boston, and three sisters living in Stamford, Miss Margaret, Miss Marion and Mrs. Kate Chamberlin.

Although strongly social in disposition Dr. Campbell was a quiet, modest man and inclined to keep himself in the background on public occasions. Nevertheless by his geniality and manifest desire to help in all worthy undertakings he exerted a very considerable influence in all the organizations with which he was connected. His cordial greeting and friendly hand-grasp will be greatly missed but his memory will long be cherished for he exemplified the spirit of good-will which transmitted and reinforced by his life will more abundantly abide in the hearts of those who knew him.

William Badger Cogswell, M.D.

JOHN W. WRIGHT, M.D.

William Badger Cogswell was born in Newmarket, New Hampshire, in 1854, and was the son of Rev. Eliot C. Cogswell and Sophia Adams. He died on July 29th, 1921.

He graduated from Bellevue Medical College, New York, 1881, and soon after graduation came to Stratford, Conn.

He was a member of the Congregational Church; president of the School Board for twenty years; a member of the Oronoque Lodge, I. O. O. F., the Masonic Lodge and the Housatonic Grange. He belonged to the Bridgeport Medical Society, and was a member of the executive committee of the State Y. M. C. A. for twenty years.

Dr. Cogswell was married in 1883 to Harriet A. Sanborn, daughter of Hon. Henry F. Sanborn of Epsom, New Hampshire, and sister of U. S. Circuit Judge Walter H. Sanborn of St. Paul, Minn. Mrs. Cogswell resides at their home in Stratford, Conn.

His son, Dr. Eliot S. Cogswell, is a practising physician in Hartford, Conn. He is married to Ruth B. Merriam, daughter of the late Rev. Charles R. Merriam of Paterson, New Jersey. They have two sons.

His daughter, Marguerite Adams Cogswell, resides in Peking, China, and is the wife of Dr. Charles Packard, Professor of Biology in the Peking Union Medical College of the Rockefeller Foundation.

The medical profession may be divided into sociological strata. Those who analyze, classify and co-ordinate—teachers. Those who, practiced by the teachers, and improved by experience, skillfully improve the condition of their patients both by preventive measures to safeguard their health, by medicine to correct their disorders and by surgery to remove their difficulties.

It is not the kind of medicine we practice but the way in which we perform the part we have chosen. We look reverentially to our teachers, we honor our leaders, but what greater need of

praise can one have than when the people gather silently about the grave and mingle their tears with the falling sod. They have experienced with their physician joys and sorrows from the cradle to the grave; have given to him their trust and received from him sympathy and advice in life's most momentous and trying times. The family physician ever holds the most sacred trust reposed in human beings. You may commercialize, mechanize, even demoralize a professional man but never the profession which will ever hold its most sacred relation to human souls.

Typical of the profession was this my brother physician; accorded by his patients the utmost confidence; a leader in his church; an honored citizen of the town; held in high esteem for his work and wise counsels by his fellows in medicine; a man among men.

May his life be an inspiration to all of us who follow in his footsteps.

John Calvin Kendall, M.D.

IRVING L. HAMANT, M.D.

John Calvin Kendall was born in Ridgefield in March, 1847, and died in the Litchfield County Hospital on September 17, 1921, in the 75th year of his age. It seemed especially fitting that the last few days of his life should have been spent in an institution that he had helped to establish and whose successful and beneficent career had always been to him a source of pleasure and satisfaction.

Dr. Kendall received his preliminary education at Williston Academy and graduated from Yale in 1870. His standing in scholarship was always high, and at Yale he was a member of several literary and scientific societies and of the Kappa Sigma Epsilon.

His medical education was obtained at Jefferson Medical School and the College of Physicians and Surgeons of New York City, from the latter of which he received the degree of M.D. in 1875. This was followed by an internship, secured by competitive examination, in Bellevue Hospital where he remained eighteen months.

His first settled practice was in Norwalk. In 1884 he moved to Norfolk and was associated with Dr. William W. Welch until the death of the latter in 1892.

Dr. Kendall retired from active practice about ten years ago, but continued to attend the meetings of this Association until deafness prevented further activity in its proceedings. He was its president for several terms and later served as its secretary with the assiduous care for which he was noted.

As a citizen, Dr. Kendall commanded the respect of his fellow townsmen. He was town health officer for a number of years and administered the duties of that office with ability, and without fear of criticism or thought of favor—seeking only the good and safety of the community.

As a member of the School Board, upon which he served for

many years, he was always turned to for advice and gave all its perplexing questions careful and thoughtful consideration. He was a member of the Congregational Church, was regular in attendance and deeply interested in all its affairs.

The given names, John Calvin, give a hint of Dr. Kendall's character. Descending from Scotch parentage on his mother's side, and a paternal line of English ancestors who came to this country soon after the coming of the Mayflower, and reared among the puritan influences which still prevailed during his early years, he imbibed those precepts of morality and unwavering devotion to duty which were prominent characteristics in all his undertakings throughout life.

In his intercourse with his fellowmen, Dr. Kendall was a gentleman. Even where differences of opinion arose, his manner was always dignified, and he only earnestly sought to convince his opponents that his judgment, made after careful consideration, was correct.

Much more might be added concerning his profound knowledge of medicine, also of all scientific and many literary subjects; his complete mastery of languages, Ancient and Modern. Greek and Latin were his recreation and his knowledge of the Bible and Biblical literature was the envy of many theologians.

He will be missed in medical circles and in the activities of town affairs, but has left an influence and a memory which will endure for many years.

Edward O'Reilly Maguire, M.D.

ELMER T. SHARPE, M.D.

Dr. Edward O'Reilly Maguire died August 15, 1921, of pulmonary embolus, following an operation ten days previously for gallstones. He was born in Derby, Conn., February 13, 1872, being the son of John J. and Bridget Conaty Maguire. He attended the schools in the city of his birth, graduating from the Derby High School in 1890. He entered Holy Cross College, and in 1891 studied at the Sheffield Scientific Department in Yale, and later entered the College of Physicians and Surgeons of Columbia University, graduating in 1896. He served as an interne in St. Mary's Hospital, Staten Island, and was admitted to practice in Connecticut, locating in Derby, where for twenty-one years he gave the best there was in him to his profession, with the result that he attained high rank for one of his years among the practitioners of Derby, Shelton and Ansonia. While practicing medicine, surgery strongly appealed to him, and he carefully fitted himself for this branch of his profession, and for twelve years was as successful in this as in the medical branch.

Dr. Maguire possessed those splendid qualities that bring credit to his profession. He was a keen diagnostician, a prescriptionist of marked ability, a man of sympathy and kindness, a practitioner who labored to relieve and comfort the suffering without idea of worldly gain. His thought seemed always to be upon the good that might be done.

He was early convinced that the best way to fight many diseases lay not alone in combating cases that had developed but in attacking sources from which disease originated, and when in 1907 he was made health officer of the city of Derby, he immediately inaugurated war upon the unclean places and conditions in many parts of the city. He was health officer at various times for a period of about nine years and during his tenure of office he was instrumental in securing the passage of many important ordinances,

controlling the supply and distribution of milk and other food, and requiring a proper degree of cleanliness in small shops that catered to the public, care in covering and protecting from flies and dirt susceptible foods exposed for sale, and divers other measures necessary to protect the general health. He was unceasing in his efforts to keep the health record of the city high. The power invested in him enabled him to control those traders coming into the city to supply the people's needs, and so wisely and judiciously were these powers used that not only was there a marked improvement in the quality of the food products sold here but neighboring towns also enjoyed the benefit of this improvement.

Political influence was not necessary to secure the enactment of the health measures that Dr. Maguire thought necessary. So earnest and sincere was he in his efforts, so clear and convincing were his statements relative to their importance, that when he pointed out the things that should be done, he was authorized to do them and the means were provided. He was not a politician in any sense of the word. He did not seek public office, and yet he was always in the minds of the leaders of the party for important places. The fact that he saw an opportunity to work for the public good alone induced him to accept the appointment of health officer. He was nominated for but one elective office, that of chairman of the board of education, and so great was public confidence in him that his nomination was endorsed by the opposition party and his election was not contested. He served a two-years term.

This incident illustrates the general high esteem in which the physician was held. His attitude toward his profession and his professional brethren, towards his patients, and towards all with whom he came in contact, developed a splendid character, whose influence was for the uplift, not only of the individual, but of the profession and community in general. He was identified always with movement for the benefit of the largest number.

He was a member of the Connecticut State Medical Society, the New Haven County Medical Society, New Haven Medical Society; a charter member of Derby Lodge, B. P. O. E.; a charter

member of Paugassett Council, K. of C., for which he was the examining physician; the Derby and Shelton Board of Trade; the Union League Club of New Haven; the Race Brook Country Club and many other organizations.

Dr. Maguire was always a student and always in touch with the best and latest medical thought. He was to the very last engaged in work in the New York hospitals, following the new methods with the keenest interest and using and applying them with the eagerness of one who seeks always the best for the relief of suffering.

James Albert Meek, M.D.

HENRY C. SHERER, M.D.

James Albert Meek, M.D., died at his home in South Norwalk, May 29, 1921, after an illness of cerebral hemorrhage for one week.

Dr. Meek was born at Falmouth, Nova Scotia, May 20, 1848. After receiving a public school education, he entered McGill University from which he graduated in 1875, properly equipped to enter the profession as a general practitioner. After graduation, he settled in Three Rivers, Canada, where he remained for about ten years. After this period of work in general medicine, the lure of the specialty of the diseases of the eye, ear, nose and throat became too strong for him to resist, so he then went to New York City to perfect himself in his chosen field.

He was very successful from the start. Owing to his popularity, ability and good nature as well as to his friendliness and attention to details, he became the first president of the Canadian Society of New York.

While in New York City he was active in the Academy of Medicine and was connected with a number of hospitals and dispensaries, among them the Manhattan Eye and Ear, the New York Throat, Nose and Lung Hospital, the Northern Dispensary and West Side German Dispensary.

After twenty odd years he removed to Stamford, Conn., where he practiced his specialty and at stated periods attended to his work in New York also.

About eight years later he came to South Norwalk where the writer first knew him, locating at 4 Washington Street, and two years before his death he bought a beautiful residence on West Avenue, prepared to enjoy the remaining years of his life in comfort and rest.

He was largely instrumental in bringing the Norwalk Medical Association to its high state of efficiency and took great pride as

its most efficient secretary and treasurer in having its members present at each stated meeting.

Dr. Meek was also a member of the Fairfield County, State Society and the American Medical Association.

He married rather late in life Miss Margaret Minton of New York City, daughter of the late Charles Minton, for years financial editor of the New York Herald. His widow survives. There were no children.

The fraternity of Norwalk and vicinity miss Dr. Meek very much. His genial greeting, always cheerful nature, sunny disposition are lacking, but knowing him as we do, we feel that his presence while among us was productive of peace, harmony and good will, and his example will always be constructive in character building.

Bernard Augustin O'Hara, M.D.

THOMAS J. McLARNEY, M.D.

Dr. Bernard Augustin O'Hara, for thirty-five years one of the leading physicians in Waterbury, died at his home, 491 Meadow Street, Friday, November 25, 1921, aged sixty-two years and three months. He had been ill for about one year prior to his death.

Dr. O'Hara was born in Killimore, County Galway, Ireland, the son of Mr. and Mrs. Matthias O'Hara. After his preliminary education which he received in the schools of his native country, he came to America and studied medicine in the Bellevue Hospital Medical College. He graduated from that institution in the class of 1882. After practicing in Roslyn, Long Island, for several years, he removed to Waterbury where he resided continuously until his death. For many years he was one of the leading obstetricians in Waterbury and his birth returns usually exceeded those of other Waterbury physicians.

His charitable work among the poor families of the city won for him much well deserved praise. In spite of the large demands on his time made by his extensive practice Dr. O'Hara was prominent in the civic and social life of the community. He held many public offices and was affiliated with a number of fraternal organizations which included the Elks, Foresters, Royal Arcanum, Knights of Columbus, and Holy Name Society. He served on the Waterbury Board of Education for several terms, and was also at one time Town Health Officer and Police and Fire Department Surgeon. In 1914 he was a candidate for the office of mayor of Waterbury. He was president of the Saint Mary's Hospital Medical Association from the time of the opening of the Hospital, fifteen years ago. He was also organizer and first president of the Celtic Medical Association, United States Pension Examiner for Waterbury, and visiting physician for the Catholic parochial schools.

On June 1, 1886, he married Miss Margaret T. Holohan, at the Church of the Immaculate Conception. Beside his widow, who survives him, are two sons, Dr. M. A. O'Hara and Dr. B. A. O'Hara, Jr., and four daughters, Jennie L. O'Hara, Kathleen A. O'Hara, Mrs. Marguerite Barry, and Mrs. Agnes Feeley. He is also survived by four grandchildren.

George Wakeman Osborn, M.D.

JOHN W. WRIGHT, M.D.

In the history of Bridgeport and vicinity you will find the portrait and pen picture of the life of Dr. George W. Osborn,—born in Easton, Conn., November 6, 1860; a graduate of Yale College in 1884; received his medical degree from Columbia University in 1887; married to Nellie Maria Boynton in 1888; of this wedlock three children still live, a son and two daughters.

His death occurred on October 25, 1921, due to pneumonia. To us medical men his birth, his attainments in school and academic life, his social life and his death are but facts which are a part of all our lives.

Has he accomplished anything which helps us in our life, professional or otherwise, during his thirty-four years of active practice? Few of us attain pre-eminence, some of us become eminent, most of us follow the current. When a man naturally retiring and diffident is recognized by the community and made a member of a Board which presides over the education of our children and then made by that Board a leader; when he is elected as a member of a hospital staff to care further for the lives of our children, we must recognize in Dr. Osborn qualities of mind admirable and knowledge remarkable which mark him as above the average.

To those of us who knew him intimately and socially were revealed qualities of mind and nobility of soul which endeared him to all who came in close contact, professionally or socially.

Too early he has passed on, leaving an impress and an example for us all.

“So many worlds, so much to do,
So little done, such things to be,
How know I what had need of thee
For thou wert strong as thou wert true?

I leave thy praises, unexpressed
In words that bring myself relief,
And by the measure of my grief
I leave thy greatness to be guessed.”

Arthur Scrimgeour, M.D.

REUBEN A. LOCKHART, M.D.

Dr. Arthur Scrimgeour was born in Brooklyn, N. Y., June 17, 1883, the son of Frank and Annie Scrimgeour.

He was educated in the public schools of Brooklyn, graduating from the High School, and from the Long Island College Hospital in 1909; served as interne at the Bridgeport Hospital for two years, 1909-1911.

He started to practice general medicine in Bridgeport in 1911; later became interested in orthopedic work and connected himself with the clinic department of the Ruptured and Crippled Hospital in New York, under Dr. Whitman's guidance; and later became associated with Dr. George Hawley on the Bridgeport Hospital Staff in the orthopedic service and also at the Welfare Clinic, Bridgeport, in this same line of service.

The World War found him a volunteer and he received his commission as captain on October 10, 1918; was assigned to Camp Greenleaf at Fort Oglethorpe, Ga.; after special training in orthopedic work, was transferred to Camp Wadsworth, Spartanburg, South Carolina, to follow this line of work and remained there until discharged, March 24, 1919.

Shortly after returning home he complained of intestinal disturbances which resisted treatment and endured a protracted illness, during all of which time he still attended to his practice.

He was later advised that a rest and change would benefit him and started for Los Angeles, California, on December 18, 1920; growing progressively worse he returned on February 10, 1921, submitted to an exploratory operation and a diagnosis of malignancy of pancreas with its accompanying metastases was established.

He lived a great sufferer but uncomplaining until his death on May 11, 1921.

He married Cecilia A. Benson on April 3, 1913; one daughter, Jean, was born on August 3, 1918; both of whom survive him.

He belonged to the City, County, State and American Medical Associations; was a Mystic Shriner and a 32d degree Mason, and was buried at Bridgeport with Masonic honors.

He was a hard worker and a genial companion, well loved by those who knew him both in and out of his profession; and during an intensely painful illness displayed courage and fortitude that were remarkable.

Charles Ezra Taft, M.D.

PHILIP D. BUNCE, M.D.

Following an old New England custom Dr. Charles Ezra Taft came from Massachusetts and settled in Hartford.

He was descended from Robert Taft, probably a Scotchman, who emigrated to America and settled in Braintree, Mass., about 1650. Robert Taft is also an ancestor of former President William H. Taft.

Dr. Taft was the son of Josephus Guild Taft and Anna Eliza (Shaw) Taft. Born in Dedham, Mass., July 11, 1863, he spent his early years there and graduated from the Dedham High School in 1880. Until he entered the Harvard Medical School in the class of 1886 he spent some time in the Chauncey Hall School in Boston. After graduating from the medical school he served as interne in the Boston City Hospital for eighteen months. He then went to New York City and served as interne in the Woman's Hospital and was a medical inspector for the Board of Health for several months.

In March, 1888, he came to Hartford and was in active practice here until his death. Within a few years he married Miss Martha Louise Jarvis, daughter of Dr. George C. Jarvis. She and three children, one son and two daughters, survive him. He became more or less associated with Dr. Jarvis in practice, and they both did considerable surgery in a little private hospital on Church Street. He was surgeon in the State National Guard for several years and went to the annual encampment.

He at first did general practice, but he had a natural taste for surgery and especially gynecology. Gradually most of his practice fell into these lines. Soon after the establishment of St. Francis Hospital his abilities were recognized, and he received an appointment on the Staff in 1903. He retained this position to the time of his death. He was a fellow of the New York Academy of Medicine and of the American College of Surgeons; a member of the American Medical Association and of the County and State Medical Societies. He had been President of the Hartford City Medical Society. He was a member of the

20th Century Club and the Hartford Golf Club and of Trinity Church.

At the time of the World War he was very active on the Medical Committee of the State Council of Defense. He was zealous in securing medical recruits for the service.

He was medical examiner in this region for several of the large life insurance companies of the country and his opinion in these matters was highly valued. He died in the full vigor of his life, February 10, 1922, due to an attack of acute lobar pneumonia of about two days duration.

He was a very hard worker all the time, and devoted to his profession. He had a large practice and his patients came from all classes. He was charitable and considerate of all with whom he had dealings. By reason of his hospital connection he spent a large amount of his time on work without any recompense to him, except the thought of good deeds well and faithfully performed. He was always strenuous in his exertions to elevate the hospital standards in every department. He always tried to do everything possible for his patients.

As a consultant he was full of resources and inspiring in ideas. Many a young practitioner has he helped out of a tight place. Occupying a position between the older practitioners and the younger men, his business advice was very valuable to the young men who were just beginning the practice of medicine.

It was always a source of regret to him throughout his professional life, that he was not a better public speaker. Although he wrote many papers on various subjects he always felt that he was not in his element when it came to public discussions.

For many years it had been his custom to go to the Maine woods late in the Summer and recuperate after months of strenuous work. The year did not seem complete to him without a trip to the woods.

Great was the sorrow of his hospital associates when they learned of his sudden death. His many patients, some of whom had been with him ever since he came to Hartford, feel they have lost a good and true friend. Only his intimate friends really knew him and the high ideals which he strove to attain.

CHARTER AND BY-LAWS.

Resolution Amending the Charter of the Connecticut Medical Society.

GENERAL ASSEMBLY.

JANUARY SESSION, A.D. 1905

Resolved by this assembly:

Section 1. That the charter of the Connecticut Medical Society, approved June 5, 1834, and as the same has been amended from time to time, be and the same is hereby amended so as to read as follows:

That all persons who are now members of the Connecticut Medical Society and all physicians and surgeons who shall hereafter be associated with them in pursuance of the provisions of this resolution shall be and remain a body politic and corporate by the name of The Connecticut State Medical Society; and by that name they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded, in all suits of whatever name and nature; may have a common seal and may alter the same at pleasure; and may also purchase, receive, hold, and convey any estate, real and personal, to an amount not exceeding one hundred thousand dollars.

Sec. 2. The superintendence and management of the corporation shall be vested in a board to be known and called by the name of The House of Delegates of The Connecticut State Medical Society, which board shall have power to establish officers in said corporation and prescribe the duties of the several officers and of the members of said corporation and may fix their compensation; to establish the conditions of admission to and dismission and expulsion from said society; to lay a tax from time to time upon the members, not exceeding five dollars in each year, and to collect the same; to hold and dispose of all moneys and other property belonging to the corporation in such manner as they may deem proper to promote the objects and interests of the society; and in general to make such by-laws and regulations for the due government of the society, not repugnant to the laws of the United States or of this state, as may be deemed necessary.

Sec. 3. The House of Delegates of The Connecticut State Medical Society shall be composed of, (1) ex officio, the president and secretary of the society; (2) delegates to be elected annually as hereinafter provided, by the several county medical associations in this state which heretofore have been and now are affiliated with The Connecticut Medical Society; and (3) eight councilors to be elected from time to time as hereinafter provided.

Sec. 4. An annual meeting of the corporation for the election of officers and such other business as may from time to time arise, shall be held during the month of May in each year and upon such day in said month as the House of Delegates shall from time to time prescribe.

Sec. 5. At a meeting to be held at least twenty days in advance of the annual meeting of the corporation in each year, every affiliated county association shall elect a delegate or delegates to represent it in the House of Delegates of this society in the proportion of one delegate to each thirty-five members, or any part of that number, and the secretary of such affiliated county association shall send a list of such delegates to the secretary of this corporation at least twenty days before the date of said annual meeting.

Sec. 6. The first councilors shall be appointed by the president, one from each county, who shall serve for one year or until their successors shall be elected. At their annual meeting in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield, and Tolland counties shall serve for two years; and at the expiration of the term of office of the councilors, so elected, each affiliated county medical association shall, biennially thereafter, elect a councilor, who shall serve for two years.

Sec. 7. The secretary of every affiliated county medical association in this state shall, in May, 1905, and annually thereafter, at least ten days before the annual meeting of the society, file with its secretary a list of all members of said respective county associations who are at the time in good and regular standing, and thereupon all such persons shall become and be members of The Connecticut State Medical Society without further action.

The Connecticut State Medical Society.

BY-LAWS.

CHAPTER I.

Section 1. Name. The name and title of this organization shall be The Connecticut State Medical Society.

Sec. 2. Purposes of the Society. The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Connecticut, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Sec. 3. Component Associations. Component Associations shall consist of those county medical associations which heretofore have been and now are affiliated with the Connecticut Medical Society.

Sec. 4. Composition of Society. This Society shall consist of members, delegates, guests, and honorary members.

Sec. 5. Members. Members of this Society shall be members of the component county medical associations.

Sec. 6. Delegates. (1) Delegates shall be those members who are elected by the component county associations; (2) the Councilors; their respective component associations in the House of Delegates of this Society.

Sec. 7. Guests. Any distinguished physician not a resident of this State who is a member of his own State Association, may become a guest during any annual session on invitation of

the officers of this Society and shall be accorded the privilege of participating in all the scientific work for that session.

Sec. 8. Honorary Members. Eminent physicians, not residents of this State, may be elected Honorary Members by a major vote of the House of Delegates after nomination of one year, but shall not exceed three in any one year.

Honorary Members shall have all the privileges accorded by Section 7 to guests.

CHAPTER II.—MEMBERSHIP.

Section 1. The name of a physician upon the properly certified roster of members of a component association, who has paid his annual assessment, shall be *prima facie* evidence of membership in this society.

The annual tax shall be collected from all such members except the secretaries of County Medical Associations, but the taxes of any member may be remitted by vote of the House of Delegates upon recommendation of any County Medical Association.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component association, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of the Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component association of which he is a member.

CHAPTER III.—HOUSE OF DELEGATES.

Section 1. The House of Delegates shall be the legislative and business body of the Society, and shall consist of (1) delegates elected by the component county associations; (2) the Councilors; and (3), *ex officio*, the President and Secretary of this Society.

Sec. 2. The House of Delegates shall meet on the first day of the annual session. It may adjourn from time to time as may be

necessary to complete its business, provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the programme.

Sec. 3. Each component association shall be entitled to send to the House of Delegates each year, one delegate for every thirty-five members, or any part of that number.

Sec. 4. Fifteen delegates shall constitute a quorum.

Sec. 5. It shall, through its officers, Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly strive to make each annual session a stepping-stone to further advancement.

Sec. 6. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

Sec. 7. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interests in such county associations as already exist and for organizing the profession in counties where associations do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county in the State who can be made reputable has been brought under medical society influence.

Sec. 8. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results discussed and utilized.

Sec. 9. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Sec. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates.

Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 11. It shall approve all memorials and resolutions issued in the name of the Society before the same shall become effective.

Sec. 12. Sections and District Societies. The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such Councilor District Associations as will promote the best interests of the profession, such associations to be composed exclusively of members of component county associations.

CHAPTER IV.—SESSIONS AND MEETINGS.

Section 1. The Society shall hold an annual session, during which there shall be held daily General Meetings which shall be open to all registered members, guests and honorary members.

Sec. 2. The time and place for holding each annual session shall be fixed by the House of Delegates.

Sec. 3. Special meetings of either the Society or the House of Delegates shall be called by the President, on petition of ten (10) delegates or fifty (50) members.

Sec. 4. General Meetings. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice Presidents, and before them shall be delivered the address of the President and the orations.

Sec. 5. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and the public.

CHAPTER V.—OFFICERS.

Section 1. The Officers of this Society shall be a President, two Vice Presidents, a Secretary, a Treasurer, and eight Councilors.

Sec. 2. The officers, except the Councilors, shall be elected annually. The first Councilors shall be appointed by the President, one from each county, who shall serve for one year, or until their successors shall be elected. At their annual meetings in the year 1906, each affiliated county medical association shall elect one councilor, of whom those elected in Hartford, New London, Windham, and Middlesex counties shall serve for one year, and those elected in New Haven, Fairfield, Litchfield, and Tolland counties shall serve for two years, and at the expiration of the term of office of the councilors so elected, each affiliated county medical association shall, biennially, elect a councilor, who shall serve for two years.

Sec. 3. All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect.

Sec. 4. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session, but no delegate shall be eligible to any office named in the preceding section except that of councilor, and no person shall be elected to any such office who has not been a member of the Society for the past two years.

CHAPTER VI.—DUTIES OF OFFICERS.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; shall deliver an annual address at such times as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office and, as far as practicable, shall visit by appointment the various sections of the State and assist the Councilors in building up the county associations and in making their work more practical and useful.

Sec. 2. The Vice Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation, or removal, the Council shall select one of the Vice Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of \$1,000, the manner of bonding to be left to the Council. He shall demand and receive all funds due the Society, together with the bequests and donations. He shall pay money out of the treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates of the annual sessions. He shall, with the coöperation of the secretaries of the component associations, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county association, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county associations and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component association with the necessary blanks for making their annual reports. Acting with the Committee on Scientific Work, he shall prepare and issue all programmes. The amount of his salary shall be fixed by the Council.

CHAPTER VII.—COUNCIL.

Section 1. The Council shall consist of one Councilor from each county and the President, Secretary and Treasurer ex officio. It shall be the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

The Board of Councilors shall appoint from its own members two members who, with the Treasurer of the Society, shall constitute a sub-committee to be designated a Committee on the Permanent Funds, whose duty it shall be to advise on the investment of such funds as the Society may have or receive by bequest or donation, according to the laws of the State of Connecticut governing trust funds. This committee shall, through the Chairman of the Council, recommend to the House of Delegates the disposition to be made of the permanent funds, both principal and income.

Sec. 2. The Council shall meet daily during the session, and at such other times as necessity may require, subject to the call of the chairman or on petition of three Councilors. It shall meet on the last day of the annual session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Sec. 3. The Board of Councilors shall constitute the nominating committee of the Society. They shall report as such to the House of Delegates on the first day of the general session. After the report has been submitted an opportunity shall be given for other nominations to be made.

Sec. 4. Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component associations where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county associations and their members. He shall make an annual report of his work and of the condition of the profession

of each county in his district at the annual session of the House of Delegates.

Sec. 5. The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component associations, or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component associations on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 6. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions, and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. As the Finance Committee, it shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society, and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of this Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or the Treasurer, the Council shall fill the vacancy until the next annual election.

CHAPTER VIII.—COMMITTEES.

Section 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Medical Examination and Medical Education.

A Committee on Honorary Members and Degrees.

A Committee on Medical Defense.

A Committee on Arrangements, and such other committees as

may be necessary. Such committees shall be elected by the House of Delegates unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Fifteen days previous to each annual session it shall prepare and issue a programme announcing the order in which papers, discussions and other business shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of one member from each component association, and the President and Secretary and the Committee on National Legislation. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of the public health and scientific medicine. It shall keep in touch with professional and public opinion; shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state, and national affairs and elections.

Sec. 4. The Committee on Medical Examination and Medical Education shall consist of five members, who shall be appointed in accordance with Sec. 4717 of the general statutes of the State of Connecticut. The committee shall conduct the medical examination of candidates for certificates of qualifications for license to practice medicine in the State in accord with the requirements of the Medical Practice Act. It shall annually present a written report to the House of Delegates. The committee shall also be a committee on medical education and shall coöperate with the council of education of the American Medical Association in the effort to elevate the standard of medical education in the United States.

Sec. 5. The Committee on Honorary Members and Degrees may present annually to the House of Delegates the names of not more than three eminent physicians, not residents of this state, as candidates for honorary membership in this Society. Such candidates may be elected honorary members in accordance with the provisions of Chap. I, Sec. 8, of the By-Laws.

Sec. 6. The Committee on Arrangements shall be appointed by the component association in which the annual session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees. Its chairman shall report an outline of the arrangements to the Secretary for publication in the programme, and shall make additional announcements during the session as occasion may require.

Sec. 7. The Committee on Medical Defense shall consist of three members to be chosen by the House of Delegates at the annual meeting in 1921, one to be elected for one year, one to be elected for two years, one to be elected for three years; and thereafter one member shall annually be elected for a term of three years. The Secretary of the Society shall be ex-officio a member of this committee and shall act as secretary of the Committee on Medical Defense.

It shall be the duty of the members of the Committee on Medical Defense to investigate all claims for malpractice made against members; to take full charge of all cases which after investigation they have decided to be proper cases for defense, and defend such cases to the end, pay all costs of such defense, but they shall not pay nor obligate the Connecticut Medical Society to pay any judgment rendered against any member upon the final determination of any such case. They shall be empowered to contract with such agents or attorneys as they deem necessary.

First. Members shall not be entitled to malpractice defense if the acts in the suit for which they make application for defense were committed prior to their admission to membership in this Society, or before enactment of this by-law.

Second. A member in arrears with annual dues shall not be entitled to medical defense by the committee.

Third. Members who have been dropped for non-payment of dues, if reinstated, shall not be entitled to malpractice defense for acts committed during the time they were not members of this Society.

Fourth. Active members of the Society desiring to avail themselves of the privileges of this act, shall make application

therefor in writing to the Secretary of the Society with satisfactory proof of their membership in good standing. They shall also furnish the Secretary a complete and accurate statement of their connection with, and treatment of, the case upon which the charge of malpractice is based, giving dates of attendance, names and residence of nurses and other persons cognizant of facts and circumstances necessary to a clear and definite understanding of all matters in question and shall furnish such other relevant information and execute such papers as may be required of them by the Secretary or the attorney of the Society.

Fifth. A member shall agree not to compromise any claim against him, nor to make settlement in any manner without the advice or consent of the Society given through its attorney.

Sixth. In the event that a member sued or threatened with suit shall without the advice or consent of the attorney of the Society, determine to settle or compromise any claim against him, he shall reimburse the Society for the expenses incurred in undertaking his defense, and in default thereof, he shall be deprived of further privileges under this by-law.

Seventh. The expenses incurred by the Committee shall be paid by the Society upon presentation of vouchers properly approved by the Secretary and the Committee on Medical Defense.

CHAPTER IX.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship, this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one State to another may avoid the formality of reëlection.

CHAPTER X.—FUNDS AND EXPENSES.

Funds shall be raised by an equal per capita assessment on each component association. The amount of the annual assessment per member shall be fixed by the House of Delegates.

Funds may also be raised by voluntary contributions, for the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society, for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

CHAPTER XI.—REFERENDUM.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its members present, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

CHAPTER XII.—COUNTY ASSOCIATIONS.

Section 1. All County Associations now in affiliation with the Connecticut Medical Society shall be component parts of this Society.

Sec. 2. Each County Association shall judge of the qualification of its members, but as such associations are the only portals to this Society and to the American Medical Association, all reputable and legally registered physicians, except those who practice or claim to practice or lend support to any exclusive or irregular system of medicine, shall be entitled to membership.

No physician shall be admitted to or retain membership in a County Medical Association after the expiration of his present contract who has agreed to furnish medical services to any organization or union for a stipulated sum per member, or for other consideration than the regular local fee for such services.

Sec. 3. Any County Medical Association may suspend or expel any member who is guilty of improper or unprofessional conduct, by a two-thirds vote of the members present and voting at any regular meeting, provided due notice has been given on the programme of said meeting at least ten days before its session. When from any cause a member of the Connecticut State Medical Society ceases to be a member of one of the component county medical associations, his membership in the Connecticut State Medical Society shall terminate, but any physician who may feel aggrieved by the action of the association of his county in refusing him membership or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 4. In hearing appeals the Council may admit oral or written evidence as in its judgment will be best and to most fairly present the facts, but in case of every appeal, both as a Board and as individual councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 5. When a member in good standing in a component association moves to another county in this state, his name, on request, shall be transferred, without cost, to the roster of the county into whose jurisdiction he moves.

Sec. 6. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the association in whose jurisdiction he resides.

Sec. 7. Each component association shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral, and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 8. At some meeting in advance of the annual session of this Society, each county association shall elect a delegate or delegates to represent it in the House of Delegates of this Society in the proportion of one delegate to each thirty-five members, or

any part of that number, and the Secretary of the Association shall send a list of such delegates to the Secretary of this Society at least twenty days before the annual session.

In the case of death, illness or disability of a Councilor or delegate, the President of the County Association in which the vacancy occurs shall appoint a substitute Councilor or delegate, with full power to represent his county during the Councilor's or delegate's disability, or until the successor of such appointee is elected at the next meeting of the County Medical Association.

Sec. 9. The Secretary of each component association shall keep a roster of its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of registration in this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

Sec. 10. The fiscal year of the Society shall terminate on April 30 of each year.

On or before May 10 of each year the Secretary of each component association shall make a report to the Treasurer of the Society on a blank provided by the Treasurer for that purpose, stating, 1st, the number of members from his county and the number exempt; 2d, the total amount collected on the tax of that fiscal year; the amount collected during the year on taxes in arrears; the amount of taxes still in arrears for one year previous; the amount in arrears for two years previous, together with a check to cover the above mentioned collections.

The bills for the tax laid at the annual meeting shall be sent to each member by the respective county clerks on the first day of June of each year.

The clerk of each component association shall forward its roster of officers and list of members and of non-affiliated physicians to the Secretary and Treasurer of this Society each year within five days after the annual session of his county association.

Sec. 11. The several county medical associations shall have power to adjourn; to call special meetings, as they shall deem expedient; and to adopt such by-laws as they find desirable, not contrary to the laws of this State or the charter and by-laws of The Connecticut State Medical Society.

CHAPTER XIII.—MISCELLANEOUS.

Section 1. No address or paper before this Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary before reading. No paper shall be read before this Society which has been previously published or read before any other organization.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with the charter and by-laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XIV.—AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all delegates present at that session, after the amendment has been laid on the table until the next annual session. If, however, the proposed alteration has been published in the notice of the session, it may be acted upon after it has laid on the table one day.

OFFICERS, COMMITTEES,
DELEGATES AND
MEMBERS OF THE
CONNECTICUT STATE MEDICAL
SOCIETY.

1922.

OFFICERS OF THE SOCIETY.

1922-1923.

President.

DAVID RUSSELL LYMAN,
Gaylord Farm Sanatorium, Wallingford.

Vice-Presidents.

SAMUEL PIERSON,
61 Broad Street, Stamford.
FREDERICK THOMAS SIMPSON,
799 Asylum Avenue, Hartford.

Secretary.

CHARLES WILLIAMS COMFORT, JR.,
27 Elm Street, New Haven.

Treasurer.

PHINEAS HENRY INGALLS,
49 Pearl Street, Hartford.

COMMITTEES AND DELEGATES.

1922-1923.

STANDING COMMITTEES.

COMMITTEE ON SCIENTIFIC WORK. (Elected annually.)

Wilder Tileston, 101 Grove Street, New Haven.
George M. Smith, 76 Center Street, Waterbury.
The Secretary.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION. (Elected annually; one member from each component association.)

Robert L. Rowley, 185 North Oxford Street, Hartford, *Chairman*.
Charles C. Gildersleeve, 310 Main Street, Norwich.
William H. Donaldson, Fairfield.
Elias Pratt, 27 Daycoeton Place, Torrington.
Charles J. Foote, 60 Elm Street, New Haven.
Clarence E. Simonds, Willimantic.
James Murphy, 101 Broad Street, Middletown.
Thomas F. O'Loughlin, Rockville.
The President.
The Secretary.
The Committee on National Legislation.

COMMITTEE ON MEDICAL EXAMINATION AND MEDICAL EDUCATION. (Member elected annually for a term of five years.)

Robert L. Rowley, 1918, 185 North Oxford Street, Hartford, *Secretary*.
Fritz C. Hyde, 1919, Putnam & Maple Avenues, Greenwich.
Charles A. Tuttle, 1920, 195 Church Street, New Haven.
John C. Rowley, 1921, 181 Allyn Street, Hartford.
Seldom B. Overlock, 1922, Pomfret.

COMMITTEE ON HONORARY MEMBERS AND DEGREES. (Elected annually.)

Charles B. Graves, 4 Mercer Street, New London, *Chairman*.
George Blumer, 195 Church Street, New Haven.
Charles C. Godfrey, 340 State Street, Bridgeport.

COMMITTEE ON MEDICAL DEFENSE.

(Member elected annually for a term of three years.)

William R. Miller, 54 Church Street, Hartford, *Chairman.*

William A. LaField, 881 Lafayette Street, Bridgeport.

Frank H. Wheeler, 27 Perkins Street, New Haven.

The Secretary.

SPECIAL COMMITTEES.

[Elected annually unless otherwise specified.]

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

Frank H. Hallock, Cromwell, *Chairman.*

John L. Buel, Litchfield.

George Blumer, 195 Church Street, New Haven.

Frederick T. Simpson, 799 Asylum Avenue, Hartford.

Charles A. Alton, Drawer 1325, Hartford.

COMMITTEE ON HEALTH PROBLEMS IN EDUCATION.

Edward W. Goodenough, 44 Leavenworth Street, Waterbury, *Chairman.*

Charles J. Foote, 60 Elm Street, New Haven.

Howard W. Brayton, 179 Allyn Street, Hartford.

Charles P. Botsford, 219 Collins Street, Hartford.

William L. Higgins, South Coventry.

COMMITTEE ON NATIONAL LEGISLATION.

D. Chester Brown, 330 Main Street, Danbury, *Chairman.*

Charles C. Godfrey, 340 State Street, Bridgeport.

Chairman of the Committee on Public Policy and Legislation.

COMMITTEE ON HOSPITALS.

(Two members elected annually for a term of three years.)

George Blumer, 1922, 195 Church Street, New Haven, *Chairman.*

Daniel Sullivan, 1920, 58 Huntington Street, New London.

Seldom B. Overlock, 1920, Pomfret.

Daniel C. Patterson, 1921, 881 Lafayette Street, Bridgeport.

Patrick F. McPartland, 1921, 232 Church Street, Hartford.

Henry B. Lambert, 1922, 881 Lafayette Street, Bridgeport.

COMMITTEE ON THE HISTORY OF THE MEDICAL PROFESSION OF CONNECTICUT
IN THE WORLD WAR.

Frank H. Wheeler, 27 Perkins Street, New Haven, *Chairman.*
D. Chester Brown, 330 Main Street, Danbury.
George Blumer, 195 Church Street, New Haven.
Walter R. Steiner, 646 Asylum Avenue, Hartford.
The Secretary.

COMMITTEE ON HEALTH INSURANCE.

Charles J. Foote, 60 Elm Street, New Haven, *Chairman.*
Daniel P. Griffin, 1278 East Main Street, Bridgeport.
Charles C. Gildersleeve, 310 Main Street, Norwich.
Edward K. Root, 49 Pearl Street, Hartford.
George E. Tucker, Aetna Life Insurance Company, Hartford.
Frank H. Wheeler, 27 Perkins Street, New Haven.
Paul Waterman, 179 Allyn Street, Hartford.
Charles E. Bush, Cromwell.
Elias Pratt, 27 Daycoeton Place, Torrington.
Harry L. F. Locke, 179 Allyn Street, Hartford.

COMMITTEE ON REQUIREMENTS FOR THE PRACTICE OF MEDICINE.

D. Chester Brown, 330 Main Street, Danbury, *Chairman.*
George Blumer, 195 Church Street, New Haven.
John C. Rowley, 181 Allyn Street, Hartford.
Albert E. Austin, Sound Beach.
Frank H. Barnes, North Stamford Road, Stamford.
George M. Smith, 76 Center Street, Waterbury.
Charles B. Graves, 4 Mercer Street, New London.

COMMITTEE ON PUBLICATION.

John E. Lane, 59 College Street, New Haven, *Chairman.*
Charles J. Bartlett, 183 Bishop Street, New Haven.
The Secretary.

COMMITTEE ON PERMANENT FUNDS.

Walter R. Steiner, 646 Asylum Avenue, Hartford, *Chairman.*
Thomas F. Rockwell, Rockville.
The Treasurer.

AUDITORS.

Walter R. Steiner, 646 Asylum Avenue, Hartford.
Thomas F. Rockwell, Rockville.

DELEGATES.**DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.**

John E. Lane, 59 College Street, New Haven, July 1, 1921—June 30, 1923.
Alternate, Charles J. Bartlett, 183 Bishop Street, New Haven.
Walter R. Steiner, 646 Asylum Avenue, Hartford, July 1, 1922—June 30,
1924.
Alternate, Frank K. Hallock, Cromwell.

DELEGATES TO STATE SOCIETIES.

(Elected annually for the term: July 1-June 30.)

To Maine: Seldom B. Overlock, Pomfret.
To Massachusetts: Charles C. Godfrey, 340 State Street, Bridgeport.
To New Hampshire: Samuel M. Garlick, 474 State Street, Bridgeport.
To New Jersey: William H. Donaldson, Fairfield.
To Pennsylvania: William H. Carmalt, 261 St. Ronan Street, New Haven.
To Rhode Island: Charles B. Graves, 4 Mercer Street, New London.
To Vermont: Charles J. Bartlett, 183 Bishop Street, New Haven.

DELEGATES TO SPECIAL SOCIETIES.

(Elected annually for the term: July 1-June 30.)

To The Connecticut State Hospital Society: The Chairman of the Committee on Hospitals.
Alternate: A Member of the Committee on Hospitals.
To The Connecticut State Dental Association: Robert H. W. Strang,
886 Main Street, Bridgeport.

HOUSE OF DELEGATES.

COUNCILORS.

FAIRFIELD COUNTY.

1922 FRANK WILLIAM STEVENS,
829 Myrtle Avenue, Bridgeport.

HARTFORD COUNTY.

1921 WALTER RALPH STEINER,
646 Asylum Avenue, Hartford.

LITCHFIELD COUNTY.

1922 CHARLES HENRY TURKINGTON,
Litchfield.

MIDDLESEX COUNTY.

1921 CHARLES ELLSWORTH BUSH,
Cromwell.

NEW HAVEN COUNTY.

1922 WILLIAM HENRY CARMALT,
261 St. Ronan Street, New Haven.

NEW LONDON COUNTY.

1921 CHARLES CHILD GILDERSLEEVE,
310 Main Street, Norwich.

TOLLAND COUNTY.

1922 THOMAS FRANCIS ROCKWELL,
Rockville.

WINDHAM COUNTY.

1921 SELDOM BURDEN OVERLOCK,
Pomfret.

DELEGATES.**FAIRFIELD COUNTY.**

D. Chester Brown.	James D. Gold.
John A. Clarke.	Fritz C. Hyde.
Samuel M. Garlick.	Charles J. Leverty.
	Jacob R. Topping.

HARTFORD COUNTY.

Charles D. Alton.	D. DeC. Y. Moore.
George H. Bodley.	Michael J. Morrissey.
Anthony W. Branion.	Joseph F. O'Brien.
James R. Miller.	Whitefield N. Thompson.

LITCHFIELD COUNTY.

Harry B. Hanchett.	Ernest R. Kelsey.
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MIDDLESEX COUNTY.

James H. Kingman.	J. Francis Calef.
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NEW HAVEN COUNTY.

Creighton Barker.	Frederick G. Graves.
Edward T. Bradstreet.	John E. Lane.
Charles H. Brown.	Ralph A. McDonnell.
B. Austin Cheney.	Elmer T. Sharpe.
Samuel J. Goldberg.	Herbert Thoms.
	Frank H. Wheeler.

NEW LONDON COUNTY.

Ellis K. Devitt.	John G. Stanton.
	Albert C. Freeman.

TOLLAND COUNTY.

William L. Higgins.

WINDHAM COUNTY.

Fred M. Smith.	George M. Burroughs.
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MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

1890	WILLIAM HENRY WELCH.....	Baltimore, Md.
1891	ROBERT FULTON WEIR.....	Hague, N. Y.
1894	HON. CHARLES E. GROSS.....	Hartford, Conn.
1894	DAVID WEBSTER.....	New York City, N. Y.
1895	HENRY O. MARCY.....	Boston, Mass.
1896	T. MITCHELL PRUDDEN.....	New York City, N. Y.
1896	WILLIAM W. KEEN.....	Philadelphia, Pa.
1903	REYNOLD WEBB WILCOX.....	New York City, N. Y.
1917	RICHARD P. STRONG.....	Boston, Mass.
1917	HERMANN M. BIGGS.....	Albany, N. Y.
1918	HARVEY CUSHING.....	Boston, Mass.
1921	EDWARD R. BALDWIN.....	Saranac Lake, N. Y.
1922	HERBERT EUGENE SMITH.....	Los Gatos, Cal.

ACTIVE MEMBERS.

This list is corrected to the date of the Annual Meetings of the
County Societies, April, 1922.

FAIRFIELD COUNTY.

President, WILLIAM A. LA FIELD, M.D., Bridgeport.

Vice-President, WILLIAM F. GORDON, M.D., Danbury.

Secretary, C. V. CALVIN, M.D., 294 West Avenue, Bridgeport.

Treasurer, GEORGE B. GARLICK, M.D., Bridgeport.

Councilor, FRANK W. STEVENS, M.D., Bridgeport.

Censors, GEORGE R. HERTZBERG, M.D., Stamford; E. B. IVES, M.D.,
Bridgeport; F. C. HYDE, M.D., Greenwich.

Annual Meeting, Second Tuesday in April, at Bridgeport;
Semi-Annual, Second Tuesday in October.

BETHEL.

1899 Wight, George DeWitt.

BRIDGEPORT.

1896	Adams, Frederick Joseph.....	339 West ave.
1920	Apsel, Abraham.....	603 Hancock ave.
1916	Banks, Daniel Tony.....	385 Barnum ave.
1913	Beaudry, Joseph Horace.....	109 Rowsley
1913	Bernstein, Abraham.....	472 State
1904	Bill, Philip Worcester.....	881 Lafayette
1900	Blank, Elmer Francis.....	387 Noble ave.
1886	Blodget, Henry.....	819 Myrtle ave.
1921	Booe, John Grady.....	810 Myrtle ave.
1880	Bowers, William Cutler.....	336 State
1915	Brodsky, Emanuel Schlema.....	829 Park ave.
1920	Burns, Bernard John.....	1101 East Main
1919	Calvin, Claudius Virgil.....	294 West ave.
1920	Carroll, Francis Patrick.....	965 Fairfield ave.
1920	Cheney, Maurice Lionel.....	2591 Main
1914	Clarke, Harold Metcalf.....	881 Lafayette
1916	Cohen, Joseph.....	1130 Stratford ave.
1906	Coops, Frank Harvey.....	486 St. John

1891	Cowell, George B.	409	Noble ave.
1921	Coyle, Anna Elizabeth Mulheron.	1963	Main
1921	Coyle, Bruce James.	1963	Main
1913	Curley, William Henry.	725	Park ave.
1908	Curran, Philip John.	881	Lafayette
1894	Day, Fessenden Lorenzo.	819	Myrtle ave.
1920	DeLuca, Horatio Roger.	763	Noble ave.
1921	De Witt, Edward Nicholas.	836	Myrtle ave.
1888	DeWolfe, Daniel Charles.	516	Fairfield ave.
1914	Duesing, Herman.	1169	E. Main
1898	Ellis, Thomas Long.	332	West ave.
1922	Fear, Raymond D.	275	Wayne
1913	Finkelstone, Benjamin Brooks.	911	Lafayette
1915	Finnegan, John Hamill.	853	Fairfield ave.
1895	Fitzgerald, Edward.	480	E. Washington ave.
1897	Fleck, Harry Willard.	897	Lafayette
1914	Flynn, John Francis.	72	Franklin
1895	Ford, George Skiff.	522	Fairfield ave.
1908	Formichelli, Giovanni.	654	Pembroke
1916	Gade, Carl Johannes.	525	State
1907	Gardner, Charles Wesley.	449	State
1916	Garlick, George Burroughs.	474	State
1878	Garlick, Samuel Middleton.	474	State
1916	Gilday, James Lowry.	749	State
1884	Godfrey, Charles Cartlidge.	340	State
1895	Gold, James Douglas.	839	Myrtle ave.
1908	Greenstein, Morris Jacob.	572	Bostwick ave.
1916	Griffin, Daniel Patrick.	1278	E. Main
1920	Groark, Owen J.	1691	Main
1913	Hale, Fraray.	881	Lafayette
1914	Hart, Benjamin Ide.	453	State
1920	Havey, Leroy Austin.	881	Lafayette
1909	Hawley, George Waller.	881	Lafayette
1916	Healy, Thomas Francis.	25	Yale
1915	Hippolitus, Paul DiFrancesca.	255	Barnum ave.
1916	Horn, Martin Isidore.	915	North ave.
1917	Horwitz, Morris Thomas.	986	Stratford ave.
1920	Howard, Joseph Henry.	856	Fairfield ave.
1912	Hyde, Charles Elias.	881	Lafayette
1906	Ives, Eli Butler.	320	West ave.
1898	Johnson, John Murray.	276	West ave.
1912	LaField, William Arthur.	881	Lafayette
1913	Lambert, Henry Bertram.	881	Lafayette
1904	Leverty, Charles Joseph.	62	James

1895	Lockhart, Reuben Arthur.....	760 Washington ave.
1887	Lynch, John Charles.....	826 Myrtle ave.
1904	Lynch, Robert Joseph.....	52 Courtland
1914	McCarthy, Daniel Joseph.....	778 Washington ave.
1913	McGovern, Edward Francis.....	904 Lafayette
1913	McQueeney, Andrew.....	1315 Noble ave.
1892	Miles, Henry Shillingford.....	881 Lafayette
1901	Nettleton, Irving LaField.....	775 Washington ave.
1919	Neumann, Henry Aaron.....	529 E. Main
1920	Nickum, John Stanley.....	1549 Fairfield ave.
1891	Ober, George Eugene.....	881 Lafayette
1920	O'Connell, John Gabriel.....	881 Lafayette
1894	O'Hara, William James Aloysius.....	361 Barnum ave.
1921	Parmelee, Berkley Melvin.....	343 Orchard
1920	Pasuth, Bartholomew Charles.....	364 Bunnell
1909	Patterson, Daniel Cleveland.....	881 Lafayette
1913	Peters, Henry LeBaron.....	763 Park ave.
1917	Powers, John Thomas Haliburton.....	649 Noble ave.
1907	Pratt, Nathan Tolles.....	1221 Stratford ave.
1905	Pyle, Francis Winthrop.....	881 Lafayette
1916	Quinn, John Francis.....	881 Lafayette
1916	Reich, Upton Sharett.....	2229 N. Main
1918	Roberts, Edward Russell.....	881 Lafayette
1913	Roche, Thomas Joseph.....	727 Park ave.
1913	Rowe, Michael James.....	431 Washington ave.
1913	Sansone, Nicola Maria.....	519 Pembroke
1906	Schulz, Herman Samuel.....	904 Lafayette
1913	Shea, John Francis.....	1254 E. Main
1920	Simonson, Louis.....	632 Kossuth
1903	Smith, Dorland.....	834 Myrtle ave.
1919	Smith, Stanton Reinhart.....	881 Lafayette
1913	Smykowski, Bronislaw Louis.....	405 Barnum ave.
1898	Smyth, Herbert Edmund.....	476 John
1909	Sprague, Charles Harry.....	29 Hanover
1903	Stevens, Frank William.....	829 Myrtle ave.
1919	Strang, Robert Hallock Wright.....	886 Main
1920	Taylor, Clifton Clark.....	180 Pacific
1898	Townsend, Charles Rodman.....	446 State
1897	Trecartin, David Munson.....	881 Lafayette
1895	Tukey, Frank Martin.....	881 Lafayette
1903	Warner, George Howell.....	881 Lafayette
1902	Wason, David Boughton.....	881 Lafayette
1904	Waterhouse, Henry Edwin.....	30 Elmwood pl.
1906	Watson, William Clark.....	446 Stratford ave.

1920	Watts, Joseph Francis.....	518 Fairfield ave.
1913	Weadon, William Lee.....	810 Myrtle ave.
1922	Weise, Ellwood Carl.....	1116 Stratford ave.
1914	Weldon, Edwin Bernard.....	881 Lafayette
1889	White, Benjamin Walker.....	R. F. D., No. 4
1919	Williams, Fred S.	911 Fairfield ave.
1880	Wright, John Winthrop.....	810 Myrtle ave.
1921	Wunderly, Walter Spencer.....	1260 East Main

DANBURY.

1902	Bronson, William Thaddeus.....	41 West
1888	Brown, David Chester.....	330 Main
1891	Brownlee, Harris Fenton.....	342 Main
1906	English, Richard Matthew.....	39 West
1897	Gordon, William Francis.....	26 West
1885	Lemmer, George Edward.....	153½ Main
1912	Moore, Howard Delano.....	203 Main
1912	Mullins, Samuel Frederick.....	116 Main
1911	Scofield, Everett Joseph Stewart.....	294 Main
1913	Smith, Arthur Charles.....	268 Main
1920	Stahl, William Martin.....	303 Main
	Stratton, Edward Augustus	173 Main
1907	Sunderland, Paul Ulysses.....	160 Deer Hill ave.

DARIEN.

1897	Noxon, George Henry.
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NOROTON.

1888	Topping, Jacob Reed.
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FAIRFIELD.

1883	Donaldson, William Henry.
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GREENFIELD HILL.

1877	Dunham, Martin VanBuren.
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GREENWICH.

1894	Brooks, Frank Terry.....	275 Milbank ave.
1905	Burke, William.....	153 Mason

1904	Clarke, John Alexander.....	92 Mason
1917	Gates, Aaron Billings.....	Greenwich Hosp.
1887	Griswold, William Loomis.....	19 W. Elm
1902	Hyde, Fritz Carleton.....	Putnam and Maple aves.
1905	Hyde, Harriet Baker.....	Putnam and Maple aves.
1918	Knapp, Charles Whittemore.....	43 Maple ave.
1916	Knowlton, Don Jerome.....	83 E. Putnam ave.
1909	Parker, Edward Oliver.....	68 E. Putnam ave.

SOUND BEACH.

1914 Austin, Albert Elmer.

COS COB.

Bergin, Thomas Joseph

HUNTINGTON.

SHELTON.

1912	Black, John Eugene.....	40 White
1917	Finn, Edward James.....	492 Howe ave.
1900	Nettleton, Francis Irving.....	35 White
1895	Randall, William Sherman.....	241 Coram ave.
1869	Shelton, Gould Abijah.....	40 White

MONROE.

STEPNEY DEPOT.

1912 Wales, Frank Joseph.

NEW CANAAN.

1899	Brooks, Myre Joel.
1909	Keeler, Charles B.
1908	O'Shaughnessy, Edmund Joseph.
1911	Wheelock, Albert Andrews.

NEWTOWN.

1921 Kingman, Edward Lyman

NORWALK.

1906	Coburn, Jesse Milton.....	55 South Main
1916	Cram, George Eversleigh.....	85 Wall

1873	Gregory, James Glynn.....	5 West ave.
1880	Huntington, Samuel Henry.....	88 Main
1915	Kellogg, Henry Kirke White.....	5 West ave.
1920	Perry, Mabelle Jeanne.....	18 West ave.
1890	Tracey, William Joseph.....	23 West ave.
1920	Tracey, William Wallace.....	23 West ave.
1904	Turner, Arthur Robert.....	13 West ave.

SOUTH NORWALK.

1894	Allen, Lauren Melville.....	13 Washington
1894	Bohannan, Charles Gordon.....	64 South Main
1918	Bradley, Theron Robert.....	9 Washington
1906	Burnell, Francis Edwin.....	67 South Main
1896	Sherer, Henry Clifford.....	1 Washington
1921	Sullivan, Daniel Edward.....	26 West ave.

REDDING.

1896	Smith, Ernest Herman.
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GEORGETOWN.

1917	Deming, William Champion.
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RIDGEFIELD.

1917	Allen, Henry Willard.
1912	Bryon, Benn Adelmer.

STAMFORD.

1907	Avery, John Waite.....	295 Atlantic
1907	Barnes, Frank Hazelhurst.....	North Stamford rd.
1912	Carroll, Isaiah Francis.....	44 Willow
1904	Cloonan, John Joseph.....	37 South
1916	Costanzo, James Joseph.....	82 South
1909	Crane, Ralph William.....	107 South
1909	Dichter, Charles Levi.....	33 Forest
1904	Foster, Dean.....	400 Atlantic
1913	Gandy, Raymond Reeves.....	57 Broad
1909	Godfrey, William Truitt.....	88 South
1908	Harrison, John Francis.....	512 Atlantic
1920	Healey, Thomas Francis.....	91 South
1916	Henderson, Alfred Collard.....	17 Suburban ave.
1901	Hertzberg, George Robert.....	40 South

1918	Hewitt, Alfred Frank.....	208	Summer
1908	House, Albert Lewis.....	11	Bedford
1881	Hurlbutt, Augustus Moen.....		Glenbrook
1920	Lamy, Edgar Douglass.....	574	Main
1904	MacLean, Donald Robert.....	87	South
1911	Nemoitin, Julius.....	96	Main
1885	Phillips, Alfred Noroton.....		Glenbrook
1885	Pierson, Samuel.....	61	Broad
1893	Rice, Watson Emmons.....	192	Summer
1891	Schavoir, Frederick.....	544	Main
1894	Sherrill, George.....	700	Main
1909	Shirk, Samuel Martin.....	87	Broad
1917	Smith, William Earl.....	400	Atlantic
1907	Staub, John Howard.....	100	South
1919	Weaver, Bruce Stevens.....	316	Main

SPRINGDALE.

1920	Keeler, Maxwell Gordon.
1920	Stringfield, Oliver Linwood.

STRATFORD.

1909	Howland, DeRuyter.....	E. Broadway & Main
1885	Lewis, George Frederick.....	952 E. Broadway

TRUMBULL.

LONG HILL.

1912	Smith, George Arthur.
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WESTON.

LYONS PLAINS.

1877	Gorham, Frank.
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WESTPORT.

1898	Nolan, Jacob Matthew.
1891	Ruland, Frederick Davis.

GREEN'S FARMS.

1920	Cowen, Melville Eugene.
1893	McFarland, David Walter.

OUT OF COUNTY.

1896	Craig, Charles Franklin.....	U. S. Army
1920	Dunning, Zopher Finch.....	125 Bridgeport ave., Devon, Milford
1917	Heady, Carlton Kellogg.....	48 Broad st., Milford
1922	Jennings, Walter Barry.....	Conn. State Hosp., Middletown
1902	Smith, Frank Llewellyn.....	Address unknown
1921	Zonn, Seymour I.	Boston, Mass.

Total number 214

HARTFORD COUNTY.

President, EDWARD R. LAMPSON, M.D., Hartford.*Vice-President*, ARTHUR S. BRACKETT, M.D., Bristol.*Secretary*, ANTHONY W. BRANON, M.D., 179 Allyn St., Hartford.*Councilor*, WALTER R. STEINER, M.D., Hartford.*Censors*, T. EBEN REEKS, M.D., New Britain; JOHN H. T. SWEET, JR., M.D., Hartford; ARTHUR B. LANDRY, M.D., Hartford.Annual Meeting, First Tuesday in April; Semi-Annual Meeting,
Fourth Tuesday in October.

BERLIN.

1908 Hodgson, Thomas Cady.

KENSINGTON.

1877 Griswold, Roger Matthew.

BRISTOL.

1900	Brackett, Arthur Stone.....	2 Riverside ave.
1921	Brennan, Hubert D.	7 Prospect
1921	Hanrahan, William Richard.....	157 Main
1921	Jennings, Francis Bates.....	School
1921	Park, Paul Archibald.....	133 Main
1921	Richardson, Ralph Augustus.....	183 Main
1922	Robbins, Benjamin Bissell.....	47 Main
1922	Roche, Arthur Felix.....	159 Main
1909	Whipple, Benedict Nolasco.....	7 Prospect

CANTON.

COLLINSVILLE.

1906 Cox, Ralph Benjamin.

EAST HARTFORD.

1890	Mayberry, Franklin Hayden.....	921 Main
1893	O'Connell, Thomas Smith.....	59 Burnside ave.
1916	Onderdonk, Harry Jay.....	868 Main

ENFIELD.

THOMPSONVILLE.

1909	Alcorn, Thomas Grant.....	25 South
1906	Dowd, Michael Joseph.....	25 Church
1878	Finch, George Terwilliger.....	141 Enfield
1916	Simonton, Frank Forester.....	38 N. Main
1917	Vail, Edwin Smith.....	Enfield
1917	Vail, Thornton Edwin.....	Main

FARMINGTON.

1912	Phelps, Stuart Ezra.
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GLASTONBURY.

SOUTH GLASTONBURY.

1897	Rising, Harry Breed.
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HARTFORD.

1883	Abrams, Alva Elnathan.....	54 Church
1904	Adams, Henry Ely.....	337 Windsor ave.
1884	Alton, Charles DeLancey.....	Drawer 1325
1881	Axtelle, John Franklin.....	561 Main
1904	Backus, Harold Simeon.....	179 Allyn
1895	Bailey, Michael Angelo.....	434 Main
1913	Bailey, Neil Herbert.....	109 Pratt
1889	Barrows, Benjamin Safford.....	164 High
1886	Beach, Charles Coffing.....	54 Woodland
1907	Beach, Charles Thomas.....	75 Pratt
1894	Bell, George Newton.....	179 Allyn
1920	Berman, Harry.....	110 High
1909	Bickford, Henry.....	57 Magnolia
1913	Biram, James Harrington.....	179 Allyn
1913	Birdsong, Julian Lee.....	365 Church
1907	Blair, Edward Holden.....	179 Allyn
1909	Borden, Charles Herbert.....	36 Pearl
1897	Botsford, Charles Porter.....	219 Collins
1907	Boucher, James Joseph.....	54 Church

1896	Boucher, John Bernard.....	25 Charter Oak ave.
1920	Boyce, Robert Valentine.....	17 Sisson ave.
1913	Boyle, Robert Joseph.....	286 Church
1905	Bradley, Mark Spaulding.....	36 Pearl
1903	Brainard, Clifford Brewster.....	30 Farmington ave.
1916	Branon, Anthony William.....	179 Allyn
1912	Brayton, Howard Wheaton.....	179 Allyn
1896	Bunce, Philip Dibble.....	50 Farmington ave.
1914	Cantarow, Daniel.....	73 Windsor ave.
1915	Carter, Earle Buell.....	179 Allyn
1898	Chester, Thomas Weston.....	50 Farmington ave.
1905	Clifton, Harry Colman.....	30 Farmington ave.
1896	Cochran, Levi Bennett.....	50 Farmington ave.
1913	Cogswell, Eliot Sanborn.....	179 Allyn
1904	Conklin, James Henry.....	588 New Britain ave.
1889	Cook, Ansel Granville.....	54 Pratt
1913	Costello, Henry Nicholas.....	179 Allyn
1921	Cragin, Donald Brett.....	179 Allyn
1899	Crossfield, Frederick Solon.....	75 Pratt
1913	Crowley, William Holmes.....	10 Westland
1914	Daly, Charles William.....	54 Church
1920	Daly, William Patrick.....	402 Ann
1898	Deane, Henry Augustus.....	66 Beacon
1909	DeBonis, Domenico.....	94 Windsor
1914	Deming, Clinton Demas.....	179 Allyn
1914	Deming, Edward Adams.....	580 Asylum
1896	Dickerman, Wilton Elias.....	30 Farmington ave.
1921	Dinsmore, William Wert.....	255 Marshall
1892	Dowling, John Francis.....	54 Church
1910	Dwyer, Richard Joseph.....	214 Franklin ave.
1916	Dwyer, William.....	18 Asylum
1915	Elliott, Calvin Hayes.....	179 Allyn
1895	Elmer, Edward Oliver.....	805 Park
1914	Emmett, Francis Arthur.....	506 Ann
1919	Fay, William James.....	580 Asylum ave.
1898	Felty, John Wellington.....	750 Main
1922	Ferguson, George Dean.....	583 Prospect ave.
1911	Fischer, Abraham.....	365 Church
1913	Flaherty, Claude Vincent.....	302 Park
1919	Furniss, Henry Watson.....	1357 Main
1916	Gallivan, Thomas Henry.....	18 Asylum ave.
1921	Garland, Robert Bernard.....	1265 Broad
1898	Gill, Michael Henry.....	36 Pearl
1879	Gladwin, Ellen Hammond.....	50 Farmington ave.

1900	Goodrich, Charles Augustus.....	5 Haynes
1908	Griggs, John Bagg.....	1380 Asylum ave.
1909	Griswold, Arthur Heywood.....	43 Girard ave.
1921	Grosvenor, Frank Livingstone.....	700 Main
1921	Hall, Crowell Clarinton.....	208 Farmington ave.
1913	Harrington, Amos Thomson.....	179 Allyn
1908	Hatheway, Clarence Morris.....	110 High
1907	Hepburn, Thomas Norval.....	179 Allyn
1906	Heublein, Arthur Carl.....	179 Allyn
1920	Hurwitz, Herman Max.....	77 Windsor ave.
1917	Hutchinson, James Elder.....	36 Pearl
1882	Ingalls, Phineas Henry.....	49 Pearl
1912	Jarvis, Henry Gildersleeve.....	181 Allyn
1921	Kane, George Cornelius.....	179 Allyn
1889	Kane, Thomas Francis.....	295 Washington
1908	Keith, Albert Russell.....	30 Farmington ave.
1920	Kelly, Claude Currie.....	179 Allyn
1898	Kilbourn, Joseph Austin.....	271 Park
1920	Kilbourn, Joseph Birney.....	112 High
1906	Kingsbury, Isaac William.....	36 Pearl
1877	Knight, William Ward.....	17 Haynes
1901	Lampson, Edward Rutledge.....	179 Allyn
1913	Landry, Arthur Bernard.....	50 Farmington ave.
1895	Lawton, Franklin Lyman.....	580 Farmington ave.
1920	Leichner, William.....	66 Farmington ave.
1915	Locke, Harry Leslie Franklin.....	179 Allyn
1916	Lynch, James Francis.....	211 Church
1910	McClellan, Wilbert Ernest.....	179 Allyn
1898	McCook, John Butler.....	396 Main
1901	McKee, Frederick Lyman.....	68 Pratt
1907	McPartland, Patrick Farrell.....	232 Church
1916	McPherson, Sidney Horace.....	179 Allyn
1913	Madden, Leon Irving.....	54 Church
1919	Maislen, Samuel.....	356 Windsor ave.
1907	Martelle, Henry Augustus.....	P. O. Box 9
1914	Meagher, William Francis.....	68 Pratt
1886	Miller, George Root.....	151 Church
1916	Miller, James Raglan.....	179 Allyn
1901	Miller, William Radley.....	50 Farmington ave.
1908	Molumphy, David James.....	517 Main
1880	Morgan, William Dennison.....	49 Pearl
1909	Morrissey, Michael Joseph.....	18 Asylum
1919	Murphy, James Edward.....	179 Allyn
1897	Naylor, James Henry.....	1 Main

1916	O'Brien, Joseph Francis.....	18 Asylum
1921	O'Brien, Thomas Francis.....	619 Park
1902	O'Flaherty, Ellen Pembroke.....	140 Main
1921	Osborn, Stanley Hart.....	577 Farmington ave.
1908	Outerson, Andrew Mausergh.....	286 Church
1906	Outerson, Richard Ambrose.....	286 Church
1904	Owens, William Thomas.....	77 Farmington ave.
1921	Page, Charles Whitney.....	94 Woodland
1919	Parker, John Woodcock.....	904 Main
1905	Pierson, John Corbin.....	50 Windsor ave.
1885	Porter, William, Jr.	179 Allyn
1920	Quaglia, Michael.....	68 Ann
1916	Radom, Fanny.....	336 Windsor ave.
1913	Reardon, William Francis.....	750 Main
1900	Reinert, Emil Gustav.....	109 Ann
1916	Reynolds, Harry Stephen.....	110 Church
1911	Rice, Richard William.....	209 Pearl
1909	Rooney, James Francis.....	75 Pratt
1883	Root, Edward King.....	49 Pearl
1884	Root, Joseph Edward.....	67 Pearl
1900	Rowley, Alfred Merriman.....	179 Allyn
1910	Rowley, John Carter.....	181 Allyn
1907	Rowley, Robert Lee.....	185 No. Oxford
1911	Russ, Henry Camp.....	119 Woodland
1921	Russell, George Gardiner.....	286 Church
1902	Ryan, Patrick Joseph.....	316 Park
1916	Sagarino, John Francis.....	280 Ann
1920	Schaefer, Jacob.....	30 Farmington ave.
1887	Segur, Gideon Cross.....	67 Farmington ave.
1921	Sexton, Lewis Albert.....	Hartford Hosp.
1920	Shafer, Alexander.....	1263 Main
1920	Shea, Daniel Edward.....	54 Church
1886	Simpson, Frederick Thomas.....	799 Asylum ave.
1901	Smith, Earl Terry.....	36 Pearl
1921	Spillane, Bernard.....	179 Allyn
1897	Standish, James Herbert.....	479 Albany ave.
1905	Starr, Robert Sythoss.....	179 Allyn
1902	Steiner, Walter Ralph.....	646 Asylum ave.
1894	Stern, Charles Seymour.....	54 Pratt
1919	Stockwell, William Myron.....	State Sanatorium
1905	Stoll, Henry Farnum.....	179 Allyn
1903	Storrs, Eckley Raynor.....	179 Allyn
1914	Strobel, Joseph Eugene.....	19 Wethersfield ave.
1892	Sullivan, Daniel Francis.....	190 Church

1908	Swan, Horace Cheney.....	196	Whitney
1914	Sweet, John Henry Throop, Jr.....	179	Allyn
1905	Swett, Paul Plummer.....	179	Allyn
1906	Taylor, Maude Winifred.....	107	Edwards
1921	Thenebe, Carl Leonard.....		Isolation Hosp.
1898	Thompson, Emma Jane.....	154	Church
1922	Thompson, Hartwell Green.....	50	Farmington ave.
1906	Thompson, Whitefield Nelson.....	400	Washington
1911	Tracy, Dwight Wallace	179	Allyn
1908	Tuch, Morris.....	1333	Main
1919	Tucker, George Eugene.....		Ætna Life Ins. Co.
1907	Turbert, Edward Joseph.....	30	Sisson ave.
1908	Vail, George Francis.....	36	Pearl
1904	VanStrander, William Harold.....	179	Church
1917	Vernlund, Carl Frithiof.....	179	Allyn
1921	Vershbow, Nathan.....	813	Park
1894	Waite, Frank Lewis.....	68	Pratt
1914	Waite, Robert Lester.....	68	Pratt
1908	Ward, James Ward.....	437	Capitol ave.
1909	Waterman, Paul.....	179	Allyn
1895	Waters, John Bradford.....	281	Trumbull
1895	Weir, Janet Marshall.....	479	Blue Hills ave.
1907	Welch, Thomas Francis.....	284	Church
1920	Weld, Stanley Burnham.....	179	Allyn
1916	Wells, Donald Breckenridge.....	580	Asylum
1903	Wells, Ernest Alden.....	580	Asylum
1907	Wiedman, Otto George.....	179	Allyn
1907	Wilson, James Cornelius.....	179	Allyn
1904	Witter, Orin Russell.....	179	Allyn
1889	Wolff, Arthur Jacob.....	902	Main
1916	Worthen, Thacher Washburn.....	179	Allyn
1912	Yergason, Robert Moseley.....	54	Church

MANCHESTER.

1909	Sharpe, Harry Rabe.....	159	N. Main
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SOUTH MANCHESTER.

1920	Allen, Edward Bartlett.....	104	Church
1905	Burr, Noah Arthur.....	14	Park
1919	Higgins, Joseph Ambrose.....		Main
1916	Holmes, LeVerne.....	15	Main
1921	Lundberg, George Albin Ferdinand.....	2	Pearl
1908	May, George William.....	983	Main

1916	Moore, Demarquis DeCasso Ye Rujo.....	689 Main
1900	Sloan, Thomas George.....	29 Park
1880	Tinker, William Richard.....	11 Park
1893	Weldon, Thomas Henry.....	905 Main

NEW BRITAIN.

1909	Bodley, George Houghton.....	272 Main
1915	Bray, Henry Tierney	48 Court
1895	Clark, Robert Moses.....	64 Garden
1913	Cooley, Clifton Mather.....	83 W. Main
1915	Dunn, George Washington.....	259 Main
1922	Faulkner, Francis James.....	122 Main
1905	Fromen, Ernest Theodore.....	272 Main
1914	Gillin, Charles Adelbert.....	183 Main
1921	Grant, Arthur Sheldon.....	64 Golf, Maple Hill
1892	Irving, Samuel Wellington.....	272 Main
1908	Maloney, Maurice Washington.....	272 Main
1920	Mann, Fred James.....	28 Court
1912	Morrissey, William Thomas.....	259 Main
1909	Purney, John.....	193 Main
1912	Reeks, Thomas Eben.....	41 Vine
1896	Strosser, Herman.....	59 Arch

PLAINVILLE.

1878	Bull, John Norris.....	57 Whiting
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ROCKY HILL.

1880	Griswold, Julius Egbert.
1904	Moser, Orin Alexander.

SIMSBURY.

1905	Carver, John Preston.
1921	Stretch, James.

SOUTHBURG.

1920	Oman, Andrew Snody.....	32 N. Main
1887	Steadman, Willard George.....	70 Center pl.

SUFFIELD.

1916	Brown, Harold Morris.
1906	Gibbs, Joseph Addison.

WEST HARTFORD.

1908	Alcott, Ralph Waldo Emerson.....	29 N. Main
1910	Denne, Thomas Harman.....	23 S. Main
1921	Harnden, Frank.....	49 Washington Circle

WETHERSFIELD.

1921	Battey, Percy Betterman.	
1883	Fox, Edward Gager.....	32 Hartford ave.
1892	Howard, Arthur Wayland.....	144 Main

WINDSOR LOCKS.

1876	Coogan, Joseph Albert.....	38 Main
1899	Coyle, William Joseph.....	16 Church
1901	Robinson, Myron Potter.....	51 Church

OUT OF COUNTY.

1906	Bridge, John Law.....	Bisbee, Arizona
1917	Burlingame, C. Charles.....	Room 309, 17 E. 42d st., N. Y. C.
1911	Cobb, Albert Edward.....	Canaan
1900	Enders, Thomas Burnham.....	Mystic
1920	Kibby, Sidney Vernon.....	N. Y. Post-Graduate School & Hosp., 2d ave. & 20th st., N. Y. C.
1902	Purinton, Charles Oscar.....	Oteen, N. C., U. S. Army
1907	Ronayne, Frank Joseph.....	U. S. Army
1912	Truex, Edward Hamilton.....	Address unknown
1885	Wooster, Charles Morris.....	2643 J st., San Diego, Cal.

Total Number 260

LITCHFIELD COUNTY.

President, CHARLES N. WARNER, M.D., Litchfield.*Vice-President*, HAROLD B. WOODWARD, M.D., Terryville.*Secretary*, HARRY B. HANCHETT, M.D., 55 Main Street, Torrington.*Councilor*, CHARLES H. TURKINGTON, M.D., Litchfield.*Censors*, HAROLD B. WOODWARD, M.D., Terryville; WILLIAM S. HULBERT, M.D., Winsted; IRVING L. HAMANT, M.D., Norfolk.Annual Meeting, Fourth Tuesday in April; Semi-Annual, First
Tuesday in October.

CANAAN.

FALLS VILLAGE.

1905 Skiff, Francis Sands.

CORNWALL.

WEST CORNWALL.

1873 North, Joseph Howard.

1917 Stevens, Carrie North.

KENT.

1912 Turrill, Henry Smith.

LITCHFIELD.

1888 Buel, John Laidlaw.

1921 Childs, Albert Ewing.

1910 Deming, Nelson Lloyd.

1911 Marcy, Robert Adrian.

1894 Page, Charles Ithemar.

1875 Sedgwick, James Theodore.

1910 Turkington, Charles Henry.

1896 Warner, Charles Norton.

NEW HARTFORD.

1915 English, Chester Ferrin.

NEW MILFORD.

1910 Bostwick, Benjamin Earle.

1919 Brennan, John Edward.

1893 Staub, George Edwards.

1905 Wright, George Herman.

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NORFOLK.

1874 Dennis, Frederic Shepard.

1890 Hamant, Irving Louis.

1909 Pinney, Almon William.

1919 Quintard, Edward.

NORTH CANAAN.

CANAAN.

1902 Adam, John Geikie.
 1874 Camp, Charles Welford.
 1890 Lee, Frank Herbert.

PLYMOUTH.

TERRYVILLE.

1913 Lawton, Richard John.
 1914 Woodward, Harold Burton.

SALISBURY.

LAKEVILLE.

1892 Bissell, William Bascom.
 1914 Shannon, Thomas Ignatius.
 1917 Tuttle, Albert Lake.

SHARON.

1882 Bassett, Clarence Wheeler.
 1904 Chaffee, Jerome Stuart.

THOMASTON.

1896 Goodwin, Ralph Schuyler.
 1903 Hazen, Robert.
 1910 Kane, James Hugh.

TORRINGTON.

1898	Barker, Abram James.....	216	Main
1898	Carlin, Charles Henry.....	160	Main
1917	Chapin, Harry Bailey.....	10	Water
1908	Hanchett, Harry Bigelow.....	55	Main
1903	Hogan, William Joseph.....	80	Main
1917	Kennedy, William Clement.....	60	Main
1887	Moore, Howard Doolittle.....	28	Daycoeton pl.
1915	Partree, Homer Tomlinson.....	72	Main
1881	Platt, William Logan.....	13	Main
1887	Pratt, Elias.....	27	Daycoeton pl.
1904	Ryan, Timothy Mayher.....	31	Water
1917	Thomson, Thomas Leonard.....	10	Water
1917	Tynan, James Joseph.....	5	Water
1917	Weed, Floyd Albert.....	13	Main

WASHINGTON.

1908 Wersebe, Frederick William.

WATERTOWN.

1919 Jackson, Charles Warren.
1897 Loveland, Ernest Kilburn.
1919 Reade, Edward Godwin.

WINCHESTER.

WINSTED.

1920	Cudworth, Clarence Dean.....	Main
1915	Hartnett, Joseph Daniel.....	422 Main
1883	Howd, Salmon Jennings.....	151 Main
1880	Hulbert, William Sharon.....	30 Elm
1904	Kelsey, Ernest Russell.....	438 Main
1896	Pratt, Edward Loomis.....	596 Main
1903	Reidy, David Dillon.....	350 Main
1912	Reidy, Maurice Joseph.....	350 Main
1918	Ward, Horace William.....	486 Main

WOODBURY.

1913 Allen, Howard Sanford.
1920 Anderson, Alexander James.

OUT OF COUNTY.

1896 Wadhams, Sanford Hosea.....care Surgeon General, U. S. Army
1919 Woodhouse, Lisle William.....42 E. 72d st., New York City

Total Number 65

MIDDLESEX COUNTY.

President, JAMES H. KINGMAN, M.D., Middletown.

Vice-President, FREDERICK T. FITCH, M.D., East Hampton.

Secretary, SHELDON S. S. CAMPBELL, 158 Broad Street, Middletown.

Councilor, CHARLES E. BUSH, M.D., Cromwell.

Censors, JAMES T. MITCHELL, M.D., Middletown; CHARLES B. CHEDEL, M.D., Middletown; CHARLES C. DAVIS, M.D., Essex.

Annual Meeting, Second Thursday in April; Semi-Annual, Second Thursday in October.

CHESTER.

1889 Smith, Frederick Sumner.

CLINTON.

1903 Fox, David Austin.

CROMWELL.

1895 Bush, Charles Ellsworth.

1885 Hallock, Frank Kirkwood.

EAST HADDAM.

1890 Plumstead, Matthew Woodbury.

EAST HAMPTON.

1873 Field, Albert.

1907 Fitch, Frederick Tracy.

MIDDLE HADDAM.

1892 Lawson, George Newton.

ESSEX.

1903 Braden, Frederick Barton.

1908 Davis, Charles Clarence.

MIDDLETOWN.

1886	Bailey, John Elmore.....	46	Washington
1880	Calef, Jeremiah Francis.....	151	Broad
1916	Campbell, Sheldon Samuel Stratton.....	158	Broad
1921	Chandler, Henry Milligan.....		Connecticut State Hosp.
1921	Chandler, Jennie Amanda Severin.....		Connecticut State Hosp.
1910	Chedel, Charles Brigham.....	160	Washington
1921	Cranz, Alvin Henry.....		Connecticut State Hosp.
1912	Fauver, Edgar.....	55	Mt. Vernon
1921	Felt, Paul Revere.....		Connecticut State Hosp.
1900	Fisher, Jessie Weston.....	28	Crescent
1920	Harvey, Carl Clifford.....	363	Main
1904	Kingman, James Henry.....	139	Broad
1920	Leak, Roy Leighton.....		Connecticut State Hosp.
1893	Loveland, John Elijah.....	93	Broad
1896	Maitland, David Lewis.....	54	Broad

1893	Mead, Kate Campbell.....	145 Broad
1903	Mitchell, James Thomas.....	109 Broad
1899	Mountain, John Henry.....	172 Washington
1896	Murphy, James.....	101 Broad
1896	Nolan, Daniel Andrew.....	613 Main
1916	O'Brien, Francis Joseph.....	91 Broad
1911	Rinde, Hamilton.....	Connecticut State Hosp.
1878	Stanley, Charles Everett.....	P. O. Box 1279
1919	Van Cor, Chester Arthur.....	Connecticut State Hosp.
1904	Walsh, Thomas Patrick.....	675 Main
1921	Wiseman, John I.	Connecticut State Hosp.
1921	Wiseman, Katherine Fricka.....	Connecticut State Hosp.
1922	Wrang, William Emil.....	509 Main
1900	Young, Charles Bellamy.....	15 Pleasant
1910	Zink, Charles Edwin.....	232 Main

OLD SAYBROOK.

1905	Grannis, Irwin.
1901	Luther, Calista Vinton.

PORTLAND.

1913	Burnham, John Ladd.....	255 Main
1877	Fisher, William Edwin.....	430 Main
1889	Potter, Frank Edward.....	197 Main

SAYBROOK.

DEEP RIVER.

1892	French, Howard Truman.....	28 Elm
1903	Pratt, Arthur Milton.....	76 Main

OUT OF COUNTY.

1909	Brown, Louis Raymond.....	Supt., Mississippi State Insane Hosp., Fondren, Miss.
1909	Chillingworth, Felix P.	Tufts Medical School, Boston, Mass.
1890	Coleburn, Arthur Burr.....	22 Berkeley, Norwalk
1916	Haviland, Clarence Floyd.....	State Hospital Commission, Albany, N. Y.
1882	Keniston, James Mortimer...	208 Eastern Promenade, Portland, Me.
1910	Loewe, Leonard Joseph.....	Reading, Mass.
1907	Lord, Sidney Archer.....	Nahant Road, Concord, Mass.
1911	McKendree, Charles Alphonso.....	114 E. 54th st., New York City

Total Number 55

NEW HAVEN COUNTY.

President, CHARLES H. BROWN, M.D., Waterbury.

Vice-President, ELIAS W. DAVIS, M.D., Seymour.

Secretary, CREIGHTON BARKER, M.D., 66 Trumbull Street, New Haven.

Councilor, WILLIAM H. CARMALT, M.D., New Haven.

Censors, EDWARD T. BRADSTREET, M.D., Meriden; FRANK H. WHEELER, M.D., New Haven; CHARLES H. BROWN, M.D., Waterbury.

Annual Meeting, in April; Semi-Annual, in October. Date set by the Executive Committee.

ANSONIA.

1916	Aaronson, Michael S.	410	Main
1887	Cooper, Louis Edward.	256	Wakelee ave.
1916	Mercer, Clarence Hopkins.	290	Main
1915	O'Neil, William Henry.	154	Main
1907	Parmelee, Edward Kibbe.	50	Main
1916	Peck, Frederick Johnson.	44	Main
1909	Tolles, Burton Isaac.	38	Main
1900	Wilmot, Louis Howard.	38	Main

BRANFORD.

1917	Gaylord, Charles Woodward.
1916	McQueen, Arthur Samuel.
1886	Tenney, Arthur John.

DERBY.

1916	Baldwin, Charles Tomlinson.	74	Olivia
1917	Kennedy, Paul B.	51	Elizabeth
1885	Loomis, Frank Newton.	116	Elizabeth
1910	Parlato, Michael Antonio.	270	Elizabeth
1890	Pinney, Royal Watson.		
1914	Plunkett, Thomas F.	18	Elizabeth
1916	Richardson, Dwight A.	178	Minerva
1899	Sharpe, Elmer Thomas.	12	Elizabeth
1910	Treat, William Howard.	240	Main

EAST HAVEN.

1897	Holbrook, Charles Werden.	596	Thompson ave.
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GUILFORD.

1916	Smith, Frederic DeWitt.
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HAMDEN.

1904 Lay, Walter Sidders.

MOUNT CARMEL.

1890 Joslin, George Harvey.

MADISON.

1908 Rindge, Milo Pember.

MERIDEN.

1877	Bradstreet, Edward Thomas.....	170 Colony
1900	Cooke, Joseph Anthony.....	50 E. Main
1881	Eggleston, Jeremiah Dewey.....	132 W. Main
1888	Fenn, Ava Hamlin.....	30 Capitol ave.
1921	Gibson, Cole B.	State Sanatorium
1889	Griswold, Frederick Pratt.....	481 Broad
1896	LaPointe, John William Henry.....	56½ W. Main
1907	Lockwood, Howard DeForest.....	248 E. Main
1917	McElman, Harry Wilbur.....	62½ E. Main
1891	Meeks, Harold Albert.....	89 E. Main
1913	Murdock, Thomas Patrick.....	42½ E. Main
1921	Otis, Fessenden Newport.....	165 W. Main
1920	Otis, Israel Sabine.....	89 W. Main
1885	Otis, Samuel Dickinson.....	165 W. Main
1888	Pierce, Elbridge Worthington.....	Washington pl.
1916	Quinlan, Raymond Vincent.....	42½ E. Main
1913	Smith, David Parker.....	199 W. Main
1883	Smith, Edward Wier.....	199 W. Main
1906	Sullivan, Michael Joseph.....	77 W. Main
1921	Tower, Arthur Augustus.....	27 W. Main
1921	Wilson, J. Alfred.....	56½ W. Main
1913	Wilson, Leslie Adams.....	232 Colony

MILFORD.

1913 Fischer, William John Henry.

1909 Ives, John Wagner.

DEVON.

1914 Pons, Louis Jacques.

NAUGATUCK.

1913 Baker, Walter Isaac.

1891 Bull, Thomas Marcus.

1901 Carroll, John James.
 1894 Johnson, Edwin Hines.
 1906 Reilly, Walter A.
 1892 Robbins, James Watson.
 1901 Tuttle, Frank James.

NEW HAVEN.

1921	Alderman, Irving Sanders.....	336 George
1902	Allen, Millard Filmore.....	65 Dixwell ave.
1893	Alling, Arthur Nathaniel.....	257 Church
1919	Alpert, Reuben Henry.....	47 Sylvan ave.
1895	Arnold, Ernst Hermann.....	1449 Chapel
1908	Arnold, Harold Sears.....	110 Wall
1893	Bacon, Leonard Woolsey.....	113 Whitney ave.
1916	Baldwin, William Pitt.....	1226 Chapel
1890	Baribault, Arthur Octave.....	211 Chapel
1920	Barker, Creighton.....	66 Trumbull
1900	Barnes, William Samuel.....	37 College
1908	Barrett, William Joseph.....	63 Olive
1896	Bartlett, Charles Joseph.....	183 Bishop
1905	Bean, William Hill.....	40 Pleasant
1909	Beck, Frederick George.....	199 York
1916	Beckwith, Henry W.	102 Barnett
1911	Bercinsky, David.....	360 George
1911	Bergman, Alexander.....	27 Elm
1898	Bishop, Frederic Courtney.....	1241 Chapel
1907	Blake, Eugene Maurice.....	55 Trumbull
1907	Blumer, George.....	195 Church
1911	Boardman, Albertus Kellogg.....	441 Forbes ave.
1919	Bonoff, Zelly A.	66 Townsend ave., Morris Cove
1919	Bretzfelder, Karl Benjamin.....	375 Orange
1916	Burke, William Patrick John.....	466 Dixwell ave.
1913	Butler, Wilda Edwin.....	223 York
1904	Butler, William James.....	712 Howard ave.
1916	Carelli, Genesis Frank.....	27 Elm
1877	Carmalt, William Henry.....	261 St. Ronan
1914	Carroll, Charles Henry.....	1179 Chapel
1892	Cheney, Benjamin Austin.....	59 College
1901	Cohane, Jeremiah Joseph.....	59 College
1904	Cohane, Timothy Francis	518 Howard ave.
1917	Collins, William Francis.....	336 St. John
1921	Colwell, Harold Spencer.....	66 Trumbull
1914	Comfort, Charles Williams, Jr.	27 Elm
1915	Comstock, Fred Walter.....	552 Howard ave.

1914	Conte, Harry Albert.....	158 St. John
1887	Converse, George Frederick.....	1 Whalley ave.
1921	Cook, Robert Jay.....	330 Cedar
1916	Cooney, William Joseph.....	342 Grand ave.
1921	Creadick, Abraham Nowell.....	330 Cedar
1897	Crowe, Willis Hanford.....	59 College
1920	Dayton, Arthur Bliss.....	330 Cedar
1886	DeForest, Louis Shepard.....	361 Orange
1920	Deming, Charles Kenneth.....	257 Church
1908	Diefendorf, Allen Ross.....	129 Church
1915	Dryfus, Milton Leopold.....	193 York
1921	Dunham, Ethel Collins.....	330 Cedar
1882	Eliot, Gustavus.....	209 Church
1914	Esposito, Joseph Vincent.....	240 Greene
1913	Ferguson, Robert John.....	59 College
1892	Ferris, Harry Burr.....	395 St. Ronan
1914	Flynn, Charles Thomas.....	152 Temple
1917	Flynn, David Aloysius.....	326 Grand ave.
1898	Flynn, James Henry Joseph.....	195 Church
1920	Foley, Francis Edward.....	588 Ferry
1888	Foote, Charles Jenkins.....	60 Elm
1907	Ford, Alice Porter.....	1400 Chapel
1920	Geraci, Lucian Arthur.....	546 Chapel
1910	Goldberg, Samuel James.....	42 College
1912	Goldman, George.....	152 Temple
1897	Gompertz, Louis Michael.....	1195 Chapel
1921	Gordon, Robert Kelnar.....	784 Orange
1921	Greenway, James Cowan.....	109 College
1919	Grodzinsky, Herman Wolmer.....	840 Howard ave.
1914	Harten, James Aloysius.....	1138 Chapel
1903	Hartshorn, Willis Ellis.....	67 Trumbull
1920	Harvey, Samuel Clarke.....	330 Cedar
1881	Hawkes, William Whitney.....	31 High
1916	Hendricks, Albert Ludwig.....	26 Trumbull
1907	Henze, Carl William	466 Orange
1921	Hersey, Harold Waters.....	330 Cedar
1912	Hershman, Abram Aron.....	2 High
1908	Hessler, Herman Philip.....	323 George
1916	Hirata, Isao.....	356 Elm
1915	Hynes, Frederick Henry.....	195 Church
1903	Hynes, Thomas Vincent.....	1441 Chapel
1914	Jackowitz, Gabriel.....	347 Orange
1914	James, George Richard.....	676 State
1919	Johnson, Edgar Mayer.....	198 Park

1911	Keating, Hugh Francis.....	619 Howard ave.
1901	Kilbourn, Clarence Leishman.....	202 Blatchley ave.
1898	Kirby, Frank Alonzo.....	355 Whalley ave.
1912	Kleiner, Israel.....	193 York
1917	Kleiner, Simon Bretzfelder.....	1136 Chapel
1921	Labovitz, Nathaniel.....	409 George
1907	Lane, John Edward.....	59 College
1913	Lang, William Peter.....	139 Dwight
1915	Lear, Maxwell.....	330 Cedar
1920	Levy, Daniel Frederick.....	635 George
1915	Levy, Louis Henry	1172 Chapel
1905	Lewis, Dwight Milton.....	731 Elm
1911	Linde, Joseph Irving.....	163 York
1878	Lindsley, Charles Purdy.....	198 Sherman ave.
1882	Luby, John Francis.....	42 Howe
1905	Ludington, Nelson Amos.....	1252 Chapel
1921	MacNish, James Francis.....	1151 Chapel
1905	McDermott, Terrance Stephen.....	1334 Chapel
1921	McDonald, William, Jr.	51 Trumbull
1893	McDonnell, Ralph Augustine.....	152 Temple
1916	McGuire, Frank J.	26 Elm
1913	McGuire, William Charles.....	106 Park
1899	McIntosh, Edward Francis.....	307 Alden ave.
1900	Maher, James Stephen.....	261 Orange
1889	Maher, Stephen John.....	212 Orange
1878	Mailhouse, Max.....	195 Church
1921	Marantz, Bernard Charles.....	730 State
1899	Mariani, Nicola Anthony.....	285 Greene
1892	Marsh, Arthur Washburn.....	1015 Whalley ave.
1921	Massa, Anthony Francis.....	100 Wooster
1920	Maynard, Harry Hilts.....	882 Howard ave.
1916	Mendillo, Anthony Joseph.....	42 College
1916	Morse, Arthur.....	330 Cedar
1910	Murphy, John Aloysius.....	28 Edwards
1897	Nadler, Alfred Goldstein.....	195 Church
1921	Nahum, Louis Herman.....	252 York
1904	Notkins, Louis Adolph.....	1151 Chapel
1913	Nugent, William Huggard.....	432 Temple
1921	O'Brasky, George Harry.....	540 Orchard
1920	O'Brien, William Henry Joseph.....	59 College
1885	Osborne, Oliver Thomas.....	177 Church
1881	Park, Charles Edwin.....	98 Elm
1894	Peck, Robert Ellsworth.....	306 Orchard
1886	Peckham, Lucy Creemer.....	345 Greene

1909	Phillips, Frank Lyman.....	413 Temple
1893	Pitman, Edwin Parker.....	52 Sylvan ave.
1916	Porter, Donald Wallace.....	58 Wall
1894	Porter, Isaac Napoleon.....	198 Dixwell ave.
1903	Rand, Richard Foster.....	246 Church
1903	Reilly, Francis Henry.....	230 Church
1891	Reilly, James Michael.....	18 College
1890	Ring, Henry Wilson.....	185 Church
1892	Robinson, Paul Skiff.....	164 Grand ave.
1920	Rogers, Orville Forrest, Jr.	278 Canner
1914	Russell, Thomas Hubbard.....	57 Trumbull
1920	Russo, Joseph Daniel.....	154 Chapel
1921	Ryder, William Harold.....	31 Kimberley ave.
1921	St. Lawrence, Arthur John.....	185 Church
1910	Sanford, Charles Edwin.....	59 College
1897	Sanford, Leonard Cutler.....	109 College
1896	Sanford, Ward Harding.....	650 Orange
1911	Scarborough, Marvin McRae.....	122 College
1915	Scholl, Robert Frederick.....	485 Ferry
1920	Seabury, Robert Brewster.....	420 Temple
1916	Segnalla, Ernest.....	613 Chapel
1914	Sheahan, Michael J.	1204 Chapel
1915	Sheahan, William Lawrence.....	73 Sherman ave.
1913	Skiff, Stuart Ernest.....	1194 Chapel
1914	Skiff, Walter Comstock.....	1184 Chapel
1896	Slattery, Morris Dove.....	566 Howard ave.
1914	Smirnow, Max Ruskin.....	862 Howard ave.
1898	Smith, Henry Hubert.....	101 Elm
1914	Smith, Marvin	325 Humphrey
1896	Sperry, Frederick Noyes.....	42 College
1905	Spier, Seymour Leopold.....	359 Crown
1907	Standish, Frank Billings.....	199 York
1903	Steele, Henry Merriman.....	226 Church
1882	Stetson, James Ebenezer.....	1032 Chapel
1914	Stetson, Paul Russell.....	646 Dixwell ave.
1916	Stewart, Harry Eaton.....	420 Temple
1920	Strauss, Maurice Jacob.....	193 York
1911	Sullivan, Jeremiah Barrett.....	274 Dixwell ave.
1897	Sullivan, John Francis.....	1346 Chapel
1886	Swain, Henry Lawrence.....	195 Church
1914	Sweet, Grover Cleveland.....	727 Howard ave.
1921	Sword, Brian Collins.....	1418 Chapel
1921	Tanner, Monroe Julius.....	197 York
1900	Teele, Julia Ernestine.....	206 Hamilton

1920	Terhune, William Barclay.....	195	Church
1915	Thoms, Herbert.....	59	College
1911	Tileston, Wilder.....	101	Grove
1909	Townshend, Raynham.....	233	Church
1911	Tracy, Robert Graham.....	493	Howard ave.
1892	Tuttle, Charles Alling.....	195	Church
1896	Verdi, William Francis.....	27	Elm
1915	Weed, Arthur Romanzo.....	1210	Chapel
1919	Weil, Arthur.....	1172	Chapel
1902	Welch, Harry Little	59	College
1883	Welch, William Collins.....	59	College
1907	Wheatley, Louis Frederick.....	1418	Chapel
1884	Wheeler, Frank Henry.....	27	Perkins
1915	White, Herman Robert.....	116	Davenport ave.
1916	Whiting, Leonard Clarke.....	53	Trumbull
1906	Whittemore, Edward Reed.....	19	Whitney ave.
1899	Winne, William Nelson.....	1020	Whalley ave.
1921	Winternitz, Milton Charles.....	330	Cedar
1881	Wright, Frank Walden.....	Room 10,	City Hall
1921	Wright, Leslie Hurd.....	479	Dixwell ave.
1895	Wurtenburg, William Charles.....	98	Elm
1916	Young, Thomas Herbert.....	185	Church
1920	Yudkin, Arthur Meyer.....	257	Church

NORTH HAVEN.

1869	Goodyear, Robert Beardsley.
1904	Higgins, Gould Shelton.

ORANGE.

WEST HAVEN.

1905	Bevan, Charles Ambrose.....	381	Main
1913	Clarke, Ralph deBallard.....	405	Main
1909	Gilmore, Joseph Leo.....	336	Main
1904	Kowalewski, Victor Alexander.....	597	Campbell ave.
1898	Phelps, Charles Dickinson.....	644	Campbell ave.
1915	Rogers, Platt Harrison.....	228	Elm

SEYMORE.

1892	Benedict, Frank Allen.....	13	Maple
1896	Davis, Elias Wyman.....	142	Washington ave.
1913	Harvey, Edward Regis.....	119	Main

WALLINGFORD.

1908	Buffum, John Harold.....	145 N. Main
1905	Lyman, David Russell.....	Gaylord Farm Sanatorium
1911	McGaughey, James David.....	261 Center
1916	Morris, William Haviland.....	Gaylord Farm Sanatorium
1919	Sheehan, Mark Thomas.....	102 Center
1916	Smith, Charles Francis.....	34 N. Whittlesey ave.
1919	Sweet, Wallace Nathaniel.....	176 North Main

WATERBURY.

1921	Alexander, Morris Ephriam.....	133 W. Main
1900	Anderson, Henry Gray.....	30 Prospect
1874	Barber, Walter Lewis	87 N. Main
1910	Barber, Walter Lewis, Jr.	87 N. Main
1908	Bevans, Theodore Frank.....	111 W. Main
1916	Bonner, Robert Alexander.....	51 W. Main
1920	Bowes, Frank A.	278 E. Main
1910	Brennan, Patrick Joseph.....	565 E. Main
1894	Brown, Charles Henry.....	57 N. Main
1914	Callender, Eugene Frederick.....	164 W. Main
1875	Castle, Frank Edwin.....	77 N. Main
1892	Cooley, Myron Lucius.....	354 N. Main
1907	Cowan, Isabel.....	79 N. Main
1887	Crane, Augustin Averill.....	300 W. Main
1907	Deming, Dudley Brainard.....	67 Willow
1912	Dillon, John Henry.....	337 E. Main
1902	Dwyer, Patrick James.....	51 W. Main
1917	Dye, John Sinclair.....	111 W. Main
1916	Egan, John Joseph.....	131 Baldwin
1905	Engelke, Charles.....	50 Leavenworth
1905	Farrell, John Edward.....	111 W. Main
1880	Frost, Charles Warren Selah.....	54 Central ave.
1907	Gailey, John Joseph.....	111 W. Main
1909	Gancher, Jacob.....	275 N. Main
1914	Good, William Murray.....	26 E. Main
1894	Goodenough, Edward Winchester.....	44 Leavenworth
1904	Goodrich, William Albert.....	6 Abbott ave.
1919	Gosselin, George Adelor.....	21 Holmes ave.
1896	Graves, Frederick George.....	161 N. Main
1915	Green, Jacques Henry.....	171 N. Main
1893	Hamilton, Charles Allen.....	15 Arch
1887	Hayes, John Francis.....	15 S. Elm
1911	Herr, Edward Albert.....	317 N. Main

1919	Jackson, Andrew Joseph.....	76 Center
1915	Johnson, Ernest H.	18 Abbott ave.
1898	Kilmartin, Thomas Joseph.....	Lilley Bldg.
1914	Kirschbaum, Edward Harry.....	20 Grove
1910	Lawlor, Michael Joseph.....	158 N. Main
1907	Leonard, George Arthur.....	42 Bank
1916	Licht, William Henry.....	50 Mitchell ave.
1909	McDonald, Arthur Francis.....	188 E. Main
1916	McGrath, John Henry.....	309 E. Main
1906	McLarney, Thomas Joseph.....	27 Cherry
1905	McLinden, James John.....	858 N. Main
1897	Maloney, Daniel Joseph.....	79 N. Main
1899	Monagan, Charles Andrew.....	64 Cooke
1897	Moriarty, James Ligouri.....	46 Leavenworth
1887	Munger, Carl Eugene.....	81 N. Main
1893	O'Connor, Patrick Thomas.....	164 W. Main
1901	Pomeroy, Nelson Asa.....	76 Center
1916	Quinn, Raymond James.....	730 Baldwin
1883	Rodman, Charles Shepard.....	34 Prospect
1920	Root, James Harold.....	99 N. Main
1910	Russell, Edmund.....	76 Center
1897	Russell, George Washington.....	236 Bank
1914	Ryder, Raymond Harrison.....	177 Bank
1906	Smith, Egbert Livingston.....	292 W. Main
1919	Smith, George Milton.....	76 Center
1915	Spicer, Edmund	292 W. Main
1906	Swenson, Andrew Clay.....	164 W. Main
1902	Thibault, Louis Joseph.....	35 Willow
1908	Variell, Arthur Davis.....	102 Grove
1916	Vastola, Anthony P.	99 N. Main
1920	Webber, Edwin Russell.....	45 Prospect

OUT OF COUNTY.

1889	Bishop, Louis Bennett.....	Mountain View Inn, Hollywood, Cal.
1919	Brown, Kent Oakley.....	Hotel St. Albans, 351 W. 58th st., New York City
1913	Churchman, John Woolman.....	15 East 10th st., New York City
1916	DeLuise, Isacco.....	Italy
1916	Gessner, Francis Emil.....	care of Surgeon Gen., U. S. Army
1899	Hammond, Samuel Mowbray.....	36 Pearl st., Hartford
1917	Honeij, James Albert.....	383 Marlborough st., Boston, Mass.
1891	McNeil, Rollin.....	South Salem, N. Y.
1917	Merrill, William Truman.....	4416 Illinois ave., Washington, D. C.
1921	Murray, Henry Joseph, Jr.	400 Atlantic st., Stamford

1914	Nichols, Ralph Wilbur.....	Mayo Clinic, Rochester, Minn.
1913	O'Brien, John Francis.....	The Seaside, State Sanatorium, Crescent Beach, Niantic
1913	Prince, Alexander Louis.....	4 Wilcox st., Wethersfield
1914	Reynolds, Harry St. Clair.....	144 High st., South Manchester
1916	Riordan, Michael Davitt.....	781 Main st., Willimantic
1897	Robbins, Charles Henry.....	130 Beacon st., Redlands, Cal.
1910	Rogers, James Frederick.....	U. S. P. H. S., Industrial Division, Wilton, Conn.
1891	Skinner, Clarence Edward.....	511 Fifth ave., New York City
1917	Westervelt, Marvin Zabriskie..	Staten Is. Hosp., Tompkinsville, S. I.
		Total Number 350

NEW LONDON COUNTY.

President, JOHN S. BLACKMAR, M.D., Norwich.

Vice-President, LOUIS M. ALLYN, M.D., Mystic.

Secretary, ALBERT C. FREEMAN, M.D., 54 Broadway, Norwich.

Councilor, CHARLES C. GILDERSLEEVE, M.D., Norwich.

Censors, EDMUND P. DOUGLASS, M.D., Groton; CHARLES B. GRAVES, M.D., New London; GEORGE H. JENNINGS, M.D., Jewett City.

Annual Meeting, First Thursday in April; Semi-Annual, First Thursday in October.

COLCHESTER.

1913	Howland, Edward Joseph.
1921	Pendleton, Cyrus Edmund.

EAST LYME.

NIANTIC.

1906	Atkinson, Edward.
1887	Dart, Frederick Howard.

GRISWOLD.

JEWETT CITY.

1876	Jennings, George Herman.
1916	McLaughlin, John Henry.

GROTON.

1916 Barnum, Charles Gardiner.
 1918 Douglass, Edmund Latham.
 1893 Douglass, Edmund Peaslee.

NOANK.

1904 Hill, William Martin.

LYME.

1909 Devitt, Ellis King.

MONTVILLE.

UNCASVILLE.

1915 Donohue, John James.
 1894 Fox, Morton Earl.

NEW LONDON.

1916 Black, John Torrington.....	285 Montauk ave.
1916 Black, Ross Elliott.....	139 State
1916 Cheney, George Philip.....	179 Montauk ave.
1895 Chipman, Edwin Clifford.....	232 Williams
1907 Cronin, William Daniel.....	23 Main
1909 Dunn, Frank Martin.....	149 State
1896 Ferrin, Carlisle Franklin.....	36 Huntington
1906 Ganey, Joseph Matthew.....	205 Williams
1887 Graves, Charles Burr.....	4 Mercer
1922 Hendel, Isadore.....	56 State
1902 Henkle, Emmanuel Alexander.....	51 Federal
1895 Heyer, Harold Hankinson.....	70 Coit
1921 Kaufman, Charles.....	17 Main
1909 Lawson, Stuart Johnston.....	Manwaring Bldg., State
1901 Lee, Harry Mower.....	51 Federal
1921 Lena, Hugh Francis.....	154 Broad
1921 McGinley, Winthrop Essex.....	51 Federal
1921 Murray, Thomas J.....	32 Huntington
1896 Rogers, Thomas Weaver.....	43 Huntington
1914 Smail, Martin Lawson.....	Goldsmith Bldg.
1921 Soltz, Thomas.....	26 Main
1878 Stanton, John Gilman.....	99 Huntington
1904 Sullivan, Daniel	58 Huntington
1899 Taylor, John Clifton.....	Harris Bldg.
1922 Todd, Helen Burton.....	Conn. College for Women
1913 Wilson, Frank Emery.....	Plant Bldg.
1909 Winship, Ernest Oliver.....	Manwaring Bldg., State
1920 Woodruff, Thomas Adams.....	Plant Bldg.

NORTH STONINGTON.

1915 Maine, Thurman Park.

NORWICH.

1910	Agnew, Robert Robertson.....	Thayer Bldg.
1915	Blackmar, John Stanton.....	Thayer Bldg.
1908	Brophy, Edward Joseph.....	Shannon Bldg.
1884	Browne, William Tyler.....	275 Broadway
1916	Callahan, John W.	308 Main
1915	Campbell, Hugh Baird.....	State Tuberculosis Sanatorium
1909	Casey, William Bradford.....	284 Main
1914	Cassidy, Louis Thomas.....	48 Church
1871	Cassidy, Patrick.....	46 Main
1897	Donohue, James Joseph.....	43 Broadway
1916	Driscoll, William Thomas.....	321 Main
1916	Freeman, Albert Clark.....	54 Broadway
1919	Gadle, Paul Francis.....	Thayer Bldg.
1898	Gildersleeve, Charles Child.....	310 Main
1898	Higgins, Harry Eugene.....	21 Fairmount
1914	LaPierre, Arnaud Julian.....	287 Main
1907	LaPierre, Leone Franklin.....	287 Main
1892	Perkins, Charles Harris.....	Shannon Bldg.
1921	Sohn, Boris Joseph.....	161 Main
1886	Tingley, Witter Kinney.....	35 Main
1920	Wilcox, Franklin Samuel.....	State Hosp. for the Insane

TAFTVILLE.

1916	Pratt, Louis Irving.
1921	Sussler, David.
1891	Thompson, George.

STONINGTON.

MYSTIC.

1907	Allyn, Louis Maxson.
1894	Gray, William Henry.
1921	Meyers, Arthur Henry.
1889	Purdy, Alexander Marshall.
1921	Stillman, Charles Kirtland.

WATERFORD.

1895 Minor, George Maynard.

OUT OF COUNTY.

1907	Harrington, James Leon.....	286 Church st., Hartford
1904	Fontaine, Alphonse.....	Florida
1919	Klein, Joseph Matthew.....	83 W. Main st., New Britain
1915	Lynch, Edward James.....	State Tuberculosis Sanatorium, Shelton
1922	Teplitz, Max Moses.....	State Tuberculosis Sanatorium, Mount Alto, Pa.
1912	Williams, Charles Mallory.....	4 W. 50th st., New York City
		Total Number 78

TOLLAND COUNTY.

President, THOMAS F. O'LOUGHLIN, M.D., Rockville.

Vice-President, ELLIOTT H. METCALF, M.D., Rockville.

Secretary, JOHN E. FLAHERTY, M.D., Rockville.

Councilor, THOMAS F. ROCKWELL, M.D., Rockville.

Censors, JOHN P. HANLEY, M.D., Stafford Springs; FREDERICK W. WALSH, M.D., Rockville; THOMAS F. O'LOUGHLIN, M.D., Rockville.

Annual Meeting, Third Tuesday in April; Semi-Annual, Third Tuesday in October.

COVENTRY.

ROCKVILLE.

1905 Fiske, Isaac Parsons..... R. F. D. 2

SOUTH COVENTRY.

1891 Higgins, William Lincoln.

MANSFIELD.

MANSFIELD DEPOT.

1918 La Moure, Charles TenEyck.

SOMERS.

1917 Dawson, James William.

1921 Thayer, Ralph Bruce.

STAFFORD.

STAFFORD SPRINGS.

1908 Hanley, John Patrick.
 1921 Moore, Harry.
 1879 Smith, Frank Lewis.

TOLLAND.

1890 Simmons, Willard Nelson.

VERNON.

ROCKVILLE.

1908 Bean, Wright Butler.
 1908 Dickinson, Francis McLean.
 1918 Flaherty, John Edward.
 1921 Metcalf, Elliott Harrison.
 1897 O'Loughlin, Thomas Francis.
 1883 Rockwell, Thomas Francis.
 1885 Walsh, Frederick William.

Total Number 16

WINDHAM COUNTY.

President, GEORGE T. LAMARCHE, M.D., Putnam.

Vice-President, ARTHUR D. MARSH, M.D., Hampton.

Secretary, ROBERT C. PAINE, M.D., Thompson.

Councilor, SELDOM B. OVERLOCK, M.D., Pomfret.

Censors, JOHN B. KENT, M.D., Putnam; ROBERT C. WHITE, M.D., Willimantic; GEORGE M. BURROUGHS, M.D., Danielson.

Annual Meeting, Third Thursday in April; Semi-Annual Meeting, Third Thursday in October.

BROOKLYN.

1919 Tanner, Warren Avery.

HAMPTON.

1914 Marsh, Arthur Drought.

KILLINGLY.

DANIELSON.

1905 Burroughs, George McClellan.
 1921 Dixon, Henry Campbell.
 1883 Hibbard, Nathaniel.
 1879 Judson, William Henry.
 1918 Kingsbury, Charles Henry.
 1909 Perreault, Joseph Napoleon.
 1920 Todd, Frank Paige.

PLAINFIELD.

1903 Chase, Arthur Alverdo.

CENTRAL VILLAGE.

1898 Gardner, James Lester.

MOOSUP.

1895 Adams, William Waldo.
 1884 Allen, Charles Noah.
 1909 Downing, Francis.

POMFRET.

1895 Overlock, Seldom Burden.

PUTNAM.

1905 Bullard, Marguerite Jane.
 1871 Kent, John Bryden.
 1919 Lamarche, George Tancrede.
 1897 Morrell, Frederick Augustus.
 1919 Murphy, Bernard Patrick.
 1906 Perry, Edward Franklin.
 1921 Phillips, Karl Tristram.
 1922 Russell, John J.

THOMPSON.

1903 Paine, Robert Child.

NORTH GROSVENORDALE.

1906 Roch, Emilien.

WINDHAM.

1888 Guild, Frank Eugene.

WILLIMANTIC.

1891 Girard, Charles Hermenigilde.
 1901 Girouard, Joseph Arthur.
 1919 Hendry, William Edward.
 1896 Hills, Laura Heath.
 1913 Jenkins, Charles Albert.
 1908 Keating, William Patrick Stuart.
 1919 Little, Herman Clark.
 1909 Mason, Louis Irving.
 1907 O'Neill, Owen.
 1906 Simonds, Clarence Eugene.
 1914 Smith, Fred Morse.
 1891 White, Robert Creighton.

WOODSTOCK.

EAST WOODSTOCK.

1913 Pike, Ernest Reginald.

OUT OF COUNTY.

1883 Foster, Warren Woden.....Bureau of Pensions, Washington, D. C.
 1921 McIntosh, John F.....Montreal, Canada

Total Number 41

SUMMARY.

FAIRFIELD COUNTY	220
HARTFORD COUNTY	260
LITCHFIELD COUNTY	65
MIDDLESEX COUNTY	55
NEW HAVEN COUNTY	350
NEW LONDON COUNTY	78
TOLLAND COUNTY	16
WINDHAM COUNTY	41
 TOTAL	 1085

OFFICERS OF THE CONNECTICUT STATE MEDICAL
SOCIETY FROM ITS ORGANIZATION IN 1792
TO THE PRESENT TIME.*

PRESIDENTS.

1792	Leverett Hubbard.	1876	Ashbel W. Barrows.
1794	Eneas Munson.	1877	Robert Hubbard.
1801	James Potter.	1878	Charles M. Carleton.
1803	Thomas Mosley.	1879	Alfred R. Goodrich.
1804	Jeremiah West.	1880	Gideon L. Platt.
1807	John R. Watrous.	1881	William Deming.
1812	Mason F. Cogswell.	1882	William G. Brownson.
1822	Thomas Hubbard.	1883	Elisha B. Nye.
1827	Eli Todd.	1884	Benjamin N. Comings.
1829	John S. Peters.	1885	Elijah C. Kinney.
1832	William Buel.	1886	T. Morton Hills.
1834	Thomas Miner.	1887	Francis Bacon.
1837	Silas Fuller.	1888	George L. Porter.
1841	Elijah Middlebrook.	1889	Orlando Brown.
1843	Luther Ticknor.	1890	Melanthon Storrs.
1846	Archibald Welch.	1891	Charles A. Lindsley.
1849	George Sumner.	1892	Cyrus B. Newton.
1851	Rufus Blakeman.	1893	Francis D. Edgerton.
1853	Richard Warner.	1894	Francis N. Braman.
1854	William H. Cogswell.	1895	Seth Hill.
1856	Benjamin H. Catlin.	1896	Rienzi Robinson.
1858	Ashbel Woodward.	1897	Ralph S. Goodwin.
1861	Josiah G. Beckwith.	1898	Henry P. Stearns.
1863	Ebenezer K. Hunt.	1899	Charles S. Rodman.
1865	Nathan B. Ives.	1900	Leonard B. Almy.
1866	Isaac G. Porter.	1901	John H. Grannis.
1867	Charles Woodward.	1902	Gould A. Shelton.
1868	Samuel B. Beresford.	1903	Samuel B. St. John.
1869	Henry Bronson.	1904	William H. Carmalt.
1870	Charles F. Sumner.	1905	{ †Edward H. Welch. Nathaniel E. Wordin.
1871	Gurdon W. Russell.	1906	William L. Higgins.
1872	Henry W. Buel.	1907	Everett J. McKnight.
1873	Ira Hutchinson.	1908	Seldom B. Overlock.
1874	Lowell Holbrook.	1909	Samuel D. Gilbert.
1875	Pliny A. Jewett.	1910	Frank K. Hallock.

* Prepared for the Secretary by Dr. J. B. Lewis, Hartford.

† Resigned.

1911	John G. Stanton.	1917	Edward K. Root.
1912	E. T. Bradstreet.	1918	Charles J. Bartlett.
1913	D. Chester Brown.	1919	Charles B. Graves.
1914	{ Oliver C. Smith. Stephen J. Maher.	1920	George Blumer.
1915	Max Mailhouse.	1921	Charles C. Godfrey.
1916	Samuel M. Garlick.	1922	David R. Lyman.

VICE PRESIDENTS.

1792	Eneas Munson.	1870	Gurdon W. Russell.
1794	Elihu Tudor.	1871	Henry W. Buel.
1796	James Potter.	1872	Ira Hutchinson.
1801	Thomas Mosley.	1873	Lowell Holbrook.
1803	Jeremiah West.	1874	Pliny A. Jewett.
1804	Jared Potter.	1875	Ashbel W. Barrows.
1806	John R. Watrous.	1876	Robert Hubbard.
1807	Mason F. Cogswell.	1877	Charles M. Carleton.
1812	John Barker.	1878	Alfred R. Goodrich.
1813	Timothy Hall.	1879	Gideon L. Platt.
1814	Thomas Hubbard.	1880	William Deming.
1822	Eli Todd.	1881	William G. Brownson.
1824	Eli Ives.	1882	Elisha B. Nye.
1827	John S. Peters.	1883	Benjamin N. Comings.
1829	William Buel.	1884	Elijah C. Kinney.
1832	Thomas Miner.	1885	Samuel Hutchins.
1834	Silas Fuller.	1886	Francis Bacon.
1837	Elijah Middlebrook.	1887	George L. Porter.
1841	Luther Ticknor.	1888	Orlando Brown.
1843	Archibald Welch.	1889	Charles J. Fox.
1846	Dyer T. Brainard.	1890	Charles A. Lindsley.
1847	George Sumner.	1891	Cyrus B. Newton.
1849	Rufus Blakeman.	1892	Francis D. Edgerton.
1851	Richard Warner.	1893	Francis N. Braman.
1853	William H. Cogswell.	1894	Seth Hill.
1854	Benjamin H. Catlin.	1895	Rienzi Robinson.
1856	Ashbel Woodward.	1896	Ralph S. Goodwin.
1858	Josiah G. Beckwith.	1897	Henry P. Stearns.
1861	Ebenezer K. Hunt.	1898	Charles S. Rodman.
1863	Nathan B. Ives.	1899	Leonard B. Almy.
1865	Isaac G. Porter.	1900	John H. Grannis.
1866	Charles Woodward.	1901	Gould A. Shelton.
1867	Samuel B. Beresford.	1902	Samuel B. St. John.
1868	Henry Bronson.	1903	William H. Carmalt.
1869	Charles F. Sumner.	1904	Edward H. Welch.

‡ Deceased in office.

1905	{ Frederick A. Morrell. Eli P. Flint.	{ Stephen J. Maher. John B. Kent.
1906	{ Charles E. Brayton. Franklin P. Clark.	{ Charles B. Graves. Cushman A. Sears.
1907	{ Miner C. Hazen. Irving L. Hamant.	{ George M. Burroughs. John C. Kendall.
1908	{ Samuel D. Gilbert. Walter L. Barber.	{ Patrick Cassidy. Charles C. Godfrey.
1909	{ Theodore R. Parker. William J. Tracey.	{ Frank E. Guild. James H. Kingman.
1910	{ Edmund P. Douglass. Edward T. Bradstreet.	{ George H. Noxon. Frank H. Wheeler.
1911	{ D. Chester Brown. Ralph C. Paine.	{ William H. Judson. William H. Donaldson.
1912	{ Frederick Gilnack. Alvin E. Barber.	{ Leone F. LaPierre. Frederick B. Braeden.
1913	{ William S. Hulbert. Kate C. Mead.	{ Samuel Pierson. Frederick T. Simpson.

SECRETARIES.

1792	Jared Potter.	1844	Worthington Hooker.
1794	James Clark.	1846	Gurdon W. Russell.
1796	Daniel Sheldon.	1849	Josiah G. Beckwith.
1798	Nathaniel Perry.	1858	Panet M. Hastings.
1800	Samuel Woodward.	1862	Leonard J. Sanford.
1801	William Shelton.	1864	Moses C. White.
1805	John Barker.	1876	Charles W. Chamberlain.
1810	Eli Ives.	1883	Samuel B. St. John.
1813	Joseph Foot.	1889	Nathaniel E. Wordin.
1817	Jonathan Knight.	1905	Walter R. Steiner.
1827	Samuel B. Woodward.	1912	Wilder Tileston.
1830	George Sumner.	1913	Marvin McR. Scarbrough.
1832	Charles Hooker.	1917	John E. Lane.
1838	Archibald Welch.	1920	Charles W. Comfort, Jr.
1843	Ralph Farnsworth.		

TREASURERS.

1792	John Osborn.	1834	Elijah Middlebrook.
1793	Jeremiah West.	1837	Luther Tichnor.
1794	John Osborn.	1841	Virgil Maro Dow.
1796	Mason F. Cogswell.	1851	George O. Sumner.
1800	William B. Hall.	1863	James C. Jackson.
1808	Timothy Hall.	1876	Francis D. Edgerton.
1813	Richard Ely.	1883	Erastus P. Swasey.
1816	Thomas Miner.	1889	William W. Knight.
1817	John S. Peters.	1905	Joseph H. Townsend.
1827	William Buel.	1916	Phineas H. Ingalls.
1829	Joseph Palmer.		

HONORARY MEMBERS OF THE CONNECTICUT STATE
MEDICAL SOCIETY FROM ITS ORGANIZATION
IN 1792 TO THE PRESENT TIME.*

1797	Felix Pascalis Ouviere.....	Philadelphia, Pa.
1826	James Jackson.....	Boston, Mass.
	John C. Warren.....	Boston, Mass.
	Samuel L. Mitchell.....	New York
	David Hosack	New York
	Wright Post.....	New York
	Benjamin Silliman.....	New Haven, Conn.
	George M'Clellan	Philadelphia, Pa.
	John Mackie	Philadelphia, Pa.
	Charles Eldridge.....	East Greenwich, R. I.
	Theodore R. Beck.....	Albany, N. Y.
	James Thatcher.....	Plymouth, Mass.
1827	Joseph White.....	Cherry Valley, N. Y.
	William P. Dewees.....	Philadelphia, Pa.
	Edward Delafield.....	New York
	John Delamater.....	Albany, N. Y.
	Walter Channing	Boston, Mass.
	Jacob Bigelow	Boston, Mass.
1828	Philip Syng Physick.....	Philadelphia, Pa.
	Lewis Heermann.....	U. S. Navy
	Daniel Drake.....	Cincinnati, Ohio
	Henry Mitchell.....	Norwich, N. Y.
	Nathan R. Smith.....	Baltimore, Md.
1829	Valentine Mott.....	New York
	Samuel White.....	Hudson, N. Y.
	Reuben D. Mussey.....	Hanover, N. H.
	William Tully.....	New Haven, Conn.
1830	Richmond Brownell.....	Providence, R. I.
1833	William Beaumont.....	U. S. Army
1834	Samuel Henry Dickson.....	Charleston, S. C.
1835	Samuel Bayard Woodward.....	Worcester, Mass.
1837	John Stearns.....	New York
1839	Henry Green.....	Albany, N. Y.
	Stephen W. Williams.....	Deerfield, Mass.
1840	George Frost	Springfield, Mass.
1841	William Parker.....	New York
1842	Benjah Ticknor.....	U. S. Navy
1844	Alden March.....	Albany, N. Y.

* Prepared for the Secretary in 1918 by Dr. Walter R. Steiner, Hartford.

1847	Amos Twitchell.....	Keene, N. H.
	Charles A. Lee.....	New York
	David S. C. H. Smith.....	Sutton, Mass.
1850	James M. Smith.....	Springfield, Mass.
1851	Henry D. Bulkley.....	New York
1852	J. Marion Sims.....	Montgomery, Ala.
	John Watson.....	New York
1854	Frank H. Hamilton.....	Buffalo, N. Y.
	Robert Watts.....	New York
1855	Mason F. Cogswell.....	Albany, N. Y.
	Oliver Wendell Holmes.....	Boston, Mass.
	Joseph Sargent	Worcester, Mass.
	J. V. C. Smith.....	Boston, Mass.
1856	Foster Hooper.....	Fall River, Mass.
1857	Thomas C. Brinsmade.....	Troy, N. Y.
	George Chandler	Worcester, Mass.
	Gilman Kimball	Lowell, Mass.
1858	James McNaughton.....	Albany, N. Y.
	Usher Parsons.....	Providence, R. I.
1859	S. D. Willard.....	Albany, N. Y.
	John Ware.....	New York
1861	Ebenezer Alden.....	Randolph, Mass.
	B. Fordyce Barker.....	New York
1862	J. G. Adams.....	New York
	Jared Linsley	New York
1863	A. J. Fuller.....	Bath, Maine
1864	Samuel H. Pennington.....	Newark, N. J.
	Frederick N. Bennett.....	Orange, N. J.
	Thomas W. Blatchford.....	Troy, N. Y.
	Thomas C. Finnell	New York
	N. C. Husted.....	New York
	Jacob P. Whittemore.....	Chester, N. H.
1865	John Green.....	Worcester, Mass.
	Thomas Sanborn.....	Newport, N. H.
	William Pierson	Orange, N. J.
	Arthur Ward	Belleville, N. J.
	Hiram Corliss.....	Washington, N. Y.
1866	E. K. Webster.....	Boscawen, N. H.
	P. A. Stackpole.....	Dover, N. H.
1868	Samuel L. F. Simpson.....	Concord, N. H.
	A. T. Woodward.....	Brandon, Vt.
	J. C. Hutchinson.....	Brooklyn, N. Y.
	William McCollom.....	Brooklyn, N. Y.
1869	Benjamin Cotting.....	Boston, Mass.

1870	Henry L. Bowditch	Boston, Mass.
	Seth Shove	New York
	Samuel T. Hubbard	New York
1873	Gurdon Buck	New York
	George F. Horton	Terrytown, Pa.
1880	A. N. Bell	Garden City, L. I.
	E. Seguin	New York
1882	Pliny Earle	Northampton, Mass.
1883	J. S. Billings	U. S. Army
1884	James E. Reeves	Wheeling, W. Va.
	T. A. Emmett	New York
1888	John Dalton	New York
1889	Edward Moore	Rochester, N. Y.
1890	W. H. Welch	Baltimore, Md.
1891	Robert F. Weir	New York
1892	Sir Joseph Lister	London
	E. G. Janeway	New York
	E. R. Squibb	Brooklyn, N. Y.
1894	E. L. B. Stickney	Springfield, Mass.
	David Webster	New York
	A. J. C. Skene	Brooklyn, N. Y.
	Charles E. Gross	Hartford, Conn.
1895	Sir James Grant	Ottawa
	Henry O. Marcy	Boston, Mass.
1896	W. W. Keen	Philadelphia, Pa.
	T. G. Thomas	New York
	T. M. Prudden	New York
1898	William T. Lusk	New York
	James W. McLane	New York
	Landon Carter Gray	New York
1899	F. H. Wiggin	New York
1900	Seneca D. Powell	New York
	J. W. S. Gouley	New York
1903	Reynold Webb Wilcox	New York
1904	William Osler	Baltimore, Md.
1905	George M. Sternberg	Washington, D. C.
	Francis Delafield	New York
1906	William T. Bull	New York
	Maurice H. Richardson	Boston, Mass.
1915	William C. Gorgas	Washington, D. C.
1917	Richard P. Strong	Boston, Mass.
	Herman M. Biggs	Albany, N. Y.
1918	Harvey Cushing	Boston, Mass.
1921	Edward R. Baldwin	Saranac Lake, N. Y.
1922	Herbert E. Smith	Los Gatos, Cal.

ALPHABETICAL LIST

OF THE

MEMBERS OF THE CONNECTICUT STATE MEDICAL SOCIETY,

With Date and Place of Graduation.

Aaronson, M. S.	Univ. N. Y., '13	Ansonia
Abrams, A. E.	Albany, '81	Hartford
Adam, J. G.	Trinity, Tor., '00	Canaan
Adams, F. J.	Univ. N. Y., '95	Bridgeport
Adams, H. E.	Yale, '02	Hartford
Adams, W. W.	Bellevue, '91	Moosup
Agnew, R. R.	Yale, '08	Norwich
Alcorn, T. G.	P. & S., Boston, '97	Thompsonville
Alecott, R. W. E.	U. S. Med. Coll., '81	West Hartford
Alderman, I. S., Ph.B., Yale	P. & S., N. Y., '19	New Haven
Alexander, M. E.	Bellevue, '16	Waterbury
Allen, E. B., B.A., M.A., Brown '11	Harvard, '15	South Manchester
Allen, C. N.	Univ. Vt., '81	Moosup
Allen, H. S.	Yale, '04	Woodbury
Allen, H. W.	Med. Chir., Phila., '09	Ridgefield
Allen, L. M.	P. & S., N. Y., '80	South Norwalk
Allen, M. F.	Med. Chi., Phila., '95	New Haven
Alling, A. N., B.A., Yale, '86	P. & S., N. Y., '91	New Haven
Allyn, L. M.	Univ. Penn., '93	Mystic
Alpert, R. H.	Yale, '13	New Haven
Alton, C. De L.	Bellevue, '75	Hartford
Anderson, A. J., M.B., C.M., Edinburgh, '91	Edinburgh, '13	Woodbury
Anderson, H. G.	P. & S., N. Y., '89	Waterbury
Apsel, A., Ph.G., Brooklyn Coll. Phar., '13	L. I. Coll. Hosp., '18	Bridgeport
Arnold, E. H.	Yale, '94	New Haven
Arnold, H. S., B.A., Yale, '00	Yale, '03	New Haven
Atkinson, E.	Univ. Vt., '93	Niantic
Austin, A. E., B.A., Amherst; M.A., Amherst, '04	Jefferson, '05	Sound Beach
Avery, J. W.	Univ. Vt., '97	Stamford
Axtelle, J. F.	L. I. Coll. Hosp., '78	Hartford
Backus, H. S.	L. I. Coll. Hosp., '03	Hartford
Bacon, L. W., B.A., Yale, '88	Yale, '92	New Haven
Bailey, J. E.	P. & S., N. Y., '85	Middletown
Bailey, M. A.	P. & S., Balt., '93	Hartford
Bailey, N. H.	P. & S., Balt., '11	Hartford
Baker, W. I.	Hahnemann, Phila., '98	Naugatuck
Baldwin, C. T.	Bellevue Med. Coll., '83	Derby
Baldwin, W. P., B.A., Yale, '88	Yale, '90, N. Y. Homeo., '91	New Haven

Banks, D. T.	Fordham, '12	Bridgeport
Barber, W. L.	Bellevue, '73	Waterbury
Barber, W. L., Jr., B.A., Yale, '03	N. Y. Univ. & Bellevue, '07	Waterbury
Baribault, A. O.	Vict. Med. Coll., '89	New Haven
Barker, A. J.	Bellevue, '97	Torrington
Barker, C.	Dartmouth, '13	New Haven
Barnes, F. H.	N. Y. Homeo. Med., '96	Stamford
Barnes, W. S., Ph.B., Yale, '95	Yale, '97	New Haven
Barnum, C. G., B.A., Middlebury Coll., '05; M.A., Middlebury Coll., '07	Yale, '11	Groton
Barrett, W. J.	Md. Med., '04	New Haven
Barrows, B. S., Ph.B., '83	Univ. N. Y., '87	Hartford
Bartlett, C. J., B.A., Yale, '92; M.A., Yale, '94	Yale, '95	New Haven
Bassett, C. W.	Univ. N. Y., '82	Sharon
Battey, P. B.	Creighton, '11	Wethersfield
Beach, C. C., Ph.B., Yale, '77	P. & S., N. Y., '82	Hartford
Beach, C. T.	Yale, '05	Hartford
Bean, W. B.	P. & S., N. Y., '95	Rockville
Bean, W. H., Ph.B., Yale, '88	Yale, '03	New Haven
Beaudry, J. H.	McGill, '13	Bridgeport
Beck, F. G.	Yale, '03	New Haven
Beckwith, H. W.	Dartmouth Med. Coll., '02	New Haven
Bell, G. N.	Yale, '92	Hartford
Benedict, F. A.	P. & S., N. Y., '87	Seymour
Bercinsky, D.	Yale, '02	New Haven
Bergin, T. J.	Yale	Cos Cob
Bergman, A., B.S., Stockholm, '89	City of N. Y., '95	New Haven
Berman, H., B.A., Yale, '13	Yale, '15	Hartford
Bernstein, A.	Yale, '08	Bridgeport
Bevan, C. A.	Med. Chir., Phila., '87	West Haven
Bevans, T. F.	Univ. Minn., '03	Waterbury
Bickford, H.	Penn. Eclectic Med., '68	Hartford
Bill, P. W., Ph.B., Yale, '07	P. & S., N. Y., '01	Bridgeport
Biram, J. H.	Cornell, '10	Hartford
Birdsong, J. L., B.S., Nashville, '99	Johns Hopkins, '09	Hartford
Bishop, F. C., B.A., Yale, '92	Yale, '95	New Haven
Bishop, L. B., B.A., Yale, '86	Yale, '88	Hollywood, Cal.
Bissell, W. B., B.A., Yale, '88	P. & S., N. Y., '92	Lakeville
Black, J. E., Ph.B., Yale, '03	Yale, '08	Shelton
Black, J. T.	Hahn. Med. Coll., '94	New London
Black, R. E.	P. & S., N. Y., '05	New London
Blackmar, J. S.	P. & S., N. Y., '98	Norwich
Blair, E. H.	P. & S., Balt., '06	Hartford
Blake, E. M.	Yale, '06	New Haven
Blank, E. F.	Starling, '97	Bridgeport
Blodget, H., B.A., Yale, '75	Bellevue, '81	Bridgeport
Blumer, G., M.A., Yale, '07	Cooper Med. Coll., '91	New Haven
Boardman, A. K.	Univ. Penn., '99	New Haven
Bodley, G. H.	Yale, '07	New Britain
Bohannan C. G.	Univ. N. Y., '78	South Norwalk
Bonner, R. A.	Univ. Md., '12	Waterbury
Bonoff, Z. A.	Yale, '04	New Haven
Booe, J. G., B.A., '16, B.S., '17, Wake Forest Coll., N. C.	Virginia, '19	Bridgeport

Borden, C. H.	P. & S., N. Y., '96	Hartford
Bostwick, B. E.	L. I. Hosp. Coll., '90	New Milford
Botsford, C. P.	Yale, '94	Hartford
Boucher, J. B.	P. & S., Balt., '94	Hartford
Boucher, T. J.	P. & S., Balt., '04	Hartford
Bowes, F. A., B.A.	Harvard, '15	Waterbury
Bowers, W. C.	P. & S., N. Y., '77	Bridgeport
Boyce, R. V.	Univ. Vt., '13	Hartford
Boyle, R. J.	Yale, '08	Hartford
Brackett, A. S., B.A., Yale, '92	Jefferson, '95	Bristol
Bradeen, F. B.	Univ. Penn., '99	Essex
Bradley, M. S.	P. & S., N. Y., '92	Hartford
Bradley, T. R.	Univ. Md., '14	South Norwalk
Bradstreet, E. T., B.A., Yale, '74	P. & S., N. Y., '77	Meriden
Brainard, C. B., Ph.B., Yale, '94	Yale, '98	Hartford
Branon, A. W.	Jefferson, '13	Hartford
Bray, H. T.	Univ. Vt., '02	New Britain
Brayton, H. W., Ph.B., Brown, '06	Harvard, '11	Hartford
Brennan, H. D.	Univ. Vt., '92	Bristol
Brennan, J. E.	Georgetown, '05	New Milford
Brennan, P. J.	Yale, '07	Waterbury
Bretzfelder, K. B.	Jefferson, '16	New Haven
Bridge, J. L., B.S., Wesleyan, '88; Ph.D., Clark, '94	Harvard, '03	Ebisbee, Ariz.
Brodsky, E. S.	Univ. Zurich, Switzerland, '08	Bridgeport
Bronson, W. T.	Univ. N. Y., '98	Danbury
Brooks, F. T., B.A., Yale, '90	L. I. Hosp. Coll., '93	Greenwich
Brooks, M. J.	Yale, '67	New Canaan
Brophy, E. J.	Yale, '04	Norwich
Brown, C. H.	Univ. N. Y., '93	Waterbury
Brown, D. C.	Yale, '84	Danbury
Brown, H. M.	Jefferson, '13	Suffield
Brown, K. O.	Univ. Kansas, '02	New York City
Brown, L. R., B.A., Tufts, '00	Tufts, '07	Fondren, Miss.
Browne, W. T., Ph.B., Yale, '78	Harvard, '82	Norwich
Brownlee, H. F.	P. & S., N. Y., '88	Danbury
Bryon, B. A.	Bellevue, '90	Ridgefield
Buel, J. L.	P. & S., N. Y., '88	Litchfield
Buffum, J. H., Ph.B., Univ. Vt., '96	Univ. Vt., '98	Wallingford
Bull, J. N.	P. & S., N. Y., '78	Plainville
Bull, T. M.	P. & S., N. Y., '87	Naugatuck
Bullard, M. J., B.A., Cornell, '02	Cornell, '04	Putnam
Bunce, P. D., B.A., Yale, '88	P. & S., N. Y., '91	Hartford
Burke, W.	L. I. Hosp. Coll., '96	Greenwich
Burke, W. P. J.	Yale, '90	New Haven
Burlingame, C. C.	Hahn., Chicago, '08	New York City
Burnell, F. E.	L. I. Hosp. Coll., '94	South Norwalk
Burnham, J. L., B.A., Yale, '96	Yale, '99	Portland
Burns, B. J., B.A., Holy Cross	Georgetown, '18	Bridgeport
Burr, N. A.	Yale, '01	South Manchester
Burroughs, G. McC.	Balt. Med. Coll., '00	Danielson
Bush, C. E.	Yale, '94	Cromwell
Butler, W. E.	Hahnemann, Phila., '07	New Haven
Butler, W. J.	L. I. Hosp. Coll., '95	New Haven

Calif, J. F., B.A., Wesleyan, '77;			
M.A., Wesleyan, '80	Yale, '80	Middletown	
Callahan, J. W.	P. & S., Balt., '11	Norwich	
Callender, E. F.	Yale, '12	Waterbury	
Calvin, C. V.	Harvard, '16	Bridgeport	
Camp, C. W.	Univ. N. Y., '74	Canaan	
Campbell, H. B.	Univ. Penn., '09	Norwich	
Campbell, S. S. S.	Univ. Vt., '02	Middletown	
Cantarow, D.	Tufts, '11	Hartford	
Carelli, G. F.	Yale, '11	New Haven	
Carlin, C. H.	Univ. Mich., '96	Torrington	
Carmalt, W. H., M.A. (Hon.), Yale, '81	P. & S., N. Y., '61	New Haven	
Carroll, C. H.	Yale, '12	New Haven	
Carroll, F. P., B.S., Trinity, '10	Johns Hopkins, '14	Bridgeport	
Carroll, I. F.	Balt. Med., '06	Stamford	
Carroll, J. J.	Dartmouth, '97	Naugatuck	
Carter, E. B., Ph.B., Yale, '07	Johns Hopkins, '11	Hartford	
Carver, J. P.	Albany, '96	Simsbury	
Casey, W. B.	Univ. Md., '06	Norwich	
Cassidy, L. T., Georgetown, '04	Georgetown, '08	Norwich	
Cassidy, P.	Univ. Vt., '65	Norwich	
Castle, F. E.	Yale, '70	Waterbury	
Chaffee, J. S., Ph.B., Yale, '94	Univ. Penn., '97	Sharon	
Chandler, H. M.	Albany, '03	Middletown	
Chandler, J. A. S.-C.	Univ. Buffalo, '14	Middletown	
Chapin, H. B.	Georgetown, '08	Torrington	
Chase, A. A.	Harvard, '01	Plainfield	
Chedel, C. B., B.A., Dartmouth, '03	Dartmouth, '06	Middletown	
Cheney, B. A., B.A., Yale, '88	Yale, '90	New Haven	
Cheney, G. P.	Md. Med. School, '13	New London	
Cheney, M. L.	Univ. Vt., '17	Bridgeport	
Chester, T. W., B.A., Rutgers, '92;			
M.A., '95	P. & S., N. Y., '95	Hartford	
Childs, A. E.	Univ. N. Y., '96	Litchfield	
Chillingworth, F. P.	Yale, '07	Boston, Mass.	
Chipman, E. C., A.B., Alfred Univ., '87	P. & S., N. Y., '91	New London	
Churchman, J. W., B.A., Princeton, '98;			
M.A., Princeton, '01; M.A. (Hon.),			
Yale, '15	Johns Hopkins, '02	New York City	
Clark, R. M.	Univ. Penn., '91	New Britain	
Clarke, H. M.	Univ. Toronto, '09	Bridgeport	
Clarke, J. A.	Bellevue, '97	Greenwich	
Clarke, R. deB., B.A., Univ. N. Y., '04	Johns Hopkins, '08	West Haven	
Clifton, H. C.	Univ. Penn., '01	Hartford	
Cloonan, J. J.	P. & S., Balt., '07	Stamford	
Cobb, A. E.	Yale, '98	Canaan	
Coburn, J. M.	Boston Univ., '74	Norwalk	
Cochran, L. B.	Univ. Penn., '93	Hartford	
Cogswell, E. S.	Harvard, '12	Hartford	
Cohane, J. J.	Yale, '98	New Haven	
Cohane, T. F.	Yale, '97	New Haven	
Cohen, J., B.A., Coll. City of N. Y., '94	N. Y. Med. Coll., '09	Bridgeport	
Coleburn, A. B.	P. & S., N. Y., '90	Norwalk	
Collins, W. F.	Yale, '04	New Haven	
Colwell, H. S., B.S., Colgate, '10	Johns Hopkins, '14	New Haven	

Comfort, C. W., Jr., B.A., Yale, '07	Yale, '11	New Haven
Comstock, F. W.	Tufts Med., '13	New Haven
Conklin, J. H.	Univ. Vt., '99	Hartford
Conte, H. A.	L. I. Hosp. Coll., '12	New Haven
Converse, G. F.	Yale, '87	New Haven
Coogan, J. A.	Bellevue, '76	Windsor Locks
Cook, A. G.	P. & S., N. Y., '87	Hartford
Cook, R. J., B.A., Iowa, '09	Johns Hopkins, '13	New Haven
Cooke, J. A.	Yale, '97	Meriden
Cooley, C. M.	Yale, '08	New Britain
Cooley, M. L.	Buffalo Univ., '86	Waterbury
Cooney, W. J.	Yale, '02	New Haven
Cooper, L. E., Ph.B., Yale, '84	Yale, '86	Ansonia
Coops, F. H., B.A., Dalhousie, '88	P. & S., Balt., '96	Bridgeport
Costanzo, J. J.	Univ. Ill.	Stamford
Costello, H. N., B.A., Yale, '06	Johns Hopkins, '10	Hartford
Cowan, I.	Wom. Med. Coll., N. Y., '92	Waterbury
Cowen, M. E.	Univ. Vt., '07	Green's Farms
Cowell, G. B.	P. & S., N. Y., '88	Bridgeport
Cox, R. B.	McGill, '02	Collinsville
Coyle, A. E. M.	Wom. Med. Coll., Pa., '12	Bridgeport
Coyle, B. J., B.A., St. Bonaventure	Georgetown, '18	Bridgeport
Coyle, W. J.	Buffalo Univ., '85	Windsor Locks
Cragin, D. B.	Harvard, '02	Hartford
Craig, C. F.	Yale, '94	U. S. Army
Cram, G. E., Ph.B., Yale, '97	P. & S., N. Y., '01	Norwalk
Crane, A. A., B.A., Yale, '85	Yale, '87	Waterbury
Crane, R. W.	Yale, '05	Stamford
Cranz, A. H.	Tufts, '18	Middletown
Creadick, A. N., B.A., Univ. Penn.	Univ. Penn., '08	New Haven
Cronin, W. D.	P. & S., N. Y., '00	New London
Crossfield, F. S.	Bellevue, '78	Hartford
Crowe, W. H.	P. & S., N. Y., '95	New Haven
Crowley, W. H.	Buffalo, '08	Hartford
Cudworth, C. D.	Hahnemann, Chicago, '04	Winsted
Curley, W. H.	Cornell, '08	Bridgeport
Curran, P. J.	P. & S., N. Y., '01	Bridgeport
Daly, C. W.	P. & S., Balt., '10	Hartford
Daly, W. P.	Georgetown, '17	Hartford
Dart, F. H.	P. & S., N. Y., '84	Niantic
Davis, C. C.	Yale, '07	Essex
Davis, E. W., B.A., Yale, '80	Yale, '92	Seymour
Dawson, J. W.	Toledo, '94	Somers
Day, F. L., B.A., Bates, '90	Bellevue, '93	Bridgeport
Dayton, A. B., Ph.B.	Johns Hopkins, '15	New Haven
Deane, H. A.	Dartmouth, '68	Hartford
DeBonis, D. A., B.A., Victor Emmanuel College, Naples, '84	Univ. Naples, '90	Hartford
DeForest, L. S., B.A., Yale, '79		
M.A., Yale, '91	Univ. Jena, '85	New Haven
DeLuca, H. R.	George Washington, '16	Bridgeport
DeLuise, I.	Naples Univ., '03	Italy
Deming, C. D., B.A., Yale, '07	Johns Hopkins, '10	Hartford
Deming, C. K.	P. & S., N. Y., '17	New Haven

Deming, D. B.	Waterbury
Deming, E. A., Ph.B., Yale, '04	Hartford
Deming, N. L.	Litchfield
Deming, W. C.	Georgetown
Denne, T. H.	West Hartford
Dennis, F. S., B.A., Yale, '72	Bellevue, '74
Devitt, E. K.	Univ. Med. Coll., '07
DeWitt, E. N.	Lyme
DeWolfe, D. C.	Univ. Penn., '17
Dichter, C. L.	Bridgeport
Dickerman, W. E., B.A., Amherst, '90	Bridgewater
Dickinson, F. McL., Ph.B., Yale, '00	Stamford
Diefendorf, A. R., B.A., Yale, '94	Hartford
Dillon, J. H.	Rockville
Dinsmore, W. W., B.S., Univ. Ala. Poly. Inst.	New Haven
Dixon, H. C., B.A., Bowdoin, '14	Waterbury
Donaldson, W. H.	Hartford
Donohue, James J.	Danielson
Donohue, J. J.	Fairfield
Douglass, E. L.	Norwich
Douglass, E. P.	Uncasville
Dowd, M. J.	Groton
Dowling, J. F.	Groton
Downing, F.	Thompsonville
Driscoll, W. T.	Hartford
Dryfus, M. L.	Hartford
Duesing, H.	Bridgeport
Dunham, E. C., B.A., Bryn Mawr	New Haven
Dunham, M. Van B.	Greenfield Hill
Dunn, F. M.	New London
Dunn, G. W.	New Britain
Dunning, Z. F.	Devon
Dwyer, P. J., B.A., Fordham, '04	Waterbury
Dwyer, R. J.	Hartford
Dwyer, W., B.S., Trinity, '09	Hartford
Dye, J. S., B.A., Vanderbilt, '00	Waterbury
Egan, J. J.	Waterbury
Eggleston, J. D.	Meriden
Eliot, G., B.A., Yale, '77; M.A., Yale, '82	New Haven
Elliott, C. H., B.Sc., Buckland, '02; M.Sc., Buckland, '04	Hartford
Ellis, T. L., B.A., Yale, '94	Bridgeport
Elmer, E. O.	Hartford
Emmett, F. A.	Hartford
Enders, T. B., B.A., Yale, '88	Mystic
Engelke, C.	Waterbury
English, C. F., B.S., St. Louis, '12	New Hartford
English, R. M.	Danbury
Esposito, J. V.	New Haven
Farrell, J. E.	Waterbury
Faulkner, F. J., B.A., Bates, '08	New Britain
Fauver, E.	Middletown

Fay, W. J., B.A., '10.....	Harvard, '14.....	Hartford
Fear, R. D., M.A., Hamilton Coll.	Johns Hopkins, '17.....	Bridgeport
Felt, P. R., B.A., Dartmouth	Dartmouth, '10.....	Middletown
Felty, J. W., M.A., Emporia, Kan., '97	Jefferson, '84.....	Hartford
Fenn, A. H.	P. & S., Balt., '86.....	Meriden
Ferguson, G. D.	Univ. N. Y., '79.....	Hartford
Ferguson, R. J.	Hahn, Phila., '89.....	New Haven
Ferrin, C. F., B.A., Univ. Vt., '91	P. & S., N. Y., '95.....	New London
Ferris, H. B., B.A., Yale, '87	Yale, '90.....	New Haven
Field, A.	L. I. Hosp. Coll., '67.....	East Hampton
Finch, G. T., B.A., Hobart, '75; M.A., Hobart, '78	Bellevue, '77.....	Thompsonville
Finklestone, B. B.	P. & S., Balt., '10.....	Bridgeport
Finn, E. J.	Yale, '10.....	Shelton
Finnegan, J. H.	Md. Med. Coll., '12.....	Bridgeport
Fischer, A.	N. Y. Univ. & Bell. Hosp., '09.....	Hartford
Fischer, W. J. H.	Yale, '11.....	Milford
Fisher, J. W.	Wom. Med. Coll., Pa., '93.....	Middletown
Fisher, W. E.	Univ. Penn., '76.....	Portland
Fiske, I. P.	Univ. N. Y., '75.....	Rockville
Fitch, F. T.	Yale, '04.....	East Hampton
Fitzgerald, E.	P. & S., Balt., '84.....	Bridgeport
Flaberty, C. V.	Yale, '10.....	Hartford
Flaberty, J. E.	Georgetown, '08.....	Rockville
Fleck, H. W.	Jefferson, '96.....	Bridgeport
Flynn, C. T.	Yale, '14.....	New Haven
Flynn, D. A.	Yale, '05.....	New Haven
Flynn, J. F.	P. & S., Balt., '12.....	Bridgeport
Flynn, J. H. J.	Yale, '95.....	New Haven
Foley, F. E., B.A., Holy Cross, '08	Yale, '14.....	New Haven
Fontaine, A.	Laval Univ., '92.....	Florida
Foote, C. J., B.A., Yale, '83; M.A., Yale, '90	Harvard, '87.....	New Haven
Ford, A. P.	Wom. Med. Coll., Pa., '04.....	New Haven
Ford, G. S.	Bellevue, '93.....	Bridgeport
Formichelli, G.	Univ. Italy, '98.....	Bridgeport
Foster, D., M.A., Univ. Kan.	Yale, '99.....	Stamford
Foster, W. W.	Harvard, '82, Bureau of Pensions, Washington, D. C.	
Fox, D. A.	N. Y. Univ. & Bell. Hosp., '02.....	Clinton
Fox, E. G.	Univ. N. Y., '83.....	Wethersfield
Fox, M. E.	L. I. Hosp. Coll., '03.....	Uncasville
Freeman, A. C.	Univ. Vt., '13.....	Norwich
French, H. T.	P. & S., N. Y., '91.....	Deep River
Fromen, E. T.	Milwaukee Med. Coll., '97.....	New Britain
Frost, C. W. S.	P. & S., N. Y., '80.....	Waterbury
Furniss, H. W.	Howard Univ., '91.....	Hartford
Gade, C. J.	Yale, '10.....	Bridgeport
Gadle, P. F.	Univ. Vt.	Norwich
Gailey, J. J.	Bowdoin, '98.....	Waterbury
Gallivan, T. H.	Yale, '09.....	Hartford
Gancher, J.	L. I. Coll. Hosp., '06.....	Waterbury
Gandy, R. R.	Univ. Penn., '99.....	Stamford
Ganey, J. M.	P. & S., N. Y., '04.....	New London
Gardner, C. W.	Univ. Md., '01.....	Bridgeport

Gardner, J. L.	Univ. Vt., '81	Central Village
Garland, R. B.	P. & S., Balt., '13	Hartford
Garlick, G. B.	Yale, '12	Bridgeport
Garlick, S. M., B.A., Dart., '74	Harvard, '77	Bridgeport
Gates, A. B.	L. I. Coll. Hosp., '12	Greenwich
Gaylord, C. W., B.A., Yale, '11	Yale, '15	Branford
Geracl, L. A., Ph.B., Yale, '13	P. & S., N. Y., '17	New Haven
Gessner, F. E.	Yale, '12	care Surg. Gen., U. S. Army
Gibbs, J. A.	P. & S., Chicago, '02	Suffield
Gibson, C. B.	Atlanta, '14	Meriden
Gilday, J. L.	Med. Coll. Cin., '13	Bridgeport
Gildersleeve, C. C.	Yale, '96	Norwich
Gill, M. H.	Yale, '96	Hartford
Gillin, C. A.	Univ. N. Y., '83	New Britain
Gilmore, J. L.	Yale, '04	West Haven
Girard, C. H.	Victoria, '96	Willimantic
Giroard, J. A.	Balt. Med. Coll., '09	Willimantic
Gladwin, E. H.	Wom. Med. Coll., N. Y., '72	Hartford
Godfrey, C. C., Ph.B., Yale, '77	Dartmouth, '84	Bridgeport
Godfrey, W. T.	Cornell, '07	Stamford
Gold, J. D., Ph.B., Yale, '88	P. & S., N. Y., '91	Bridgeport
Goldberg, S. J.	Yale, '07	New Haven
Goldman, G.	Yale, '10	New Haven
Gompertz, L. M.	Yale, '96	New Haven
Good, W. M.	Yale, '09	Waterbury
Goodenough, E. W., B.A., Yale, '87	Yale, '93	Waterbury
Goodrich, C. A., B.S., Mass. Agr.	P. & S., N. Y., '96	Hartford
Coll., '93	Med. Chi., Phila., '02	Waterbury
Goodrich, W. A.	P. & S., N. Y., '93	Thomaston
Goodwin, R. S., Ph.B., Yale, '90	Yale, '68	North Haven
Goodyear, R. B.	P. & S., N. Y., '19	New Haven
Gordon, R. K.	L. I. Hosp. Coll., '96	Danbury
Gordon, W. F.	Yale, '76	Lyons Plains
Gorham, F.	Univ. Vt., '15	Waterbury
Gosselin, G. A., B.A., Laval, '11	Yale, '96	Old Saybrook
Grannis, I.	Bellevue, '08	New Britain
Grant, A. S., B.S., Wesleyan	Harvard, '86	New London
Graves, C. B., B.A., Yale, '82	Yale, '92	Waterbury
Graves, F. G.	P. & S., N. Y., '89	Mystic
Gray, W. H.	N. Y. Univ. & Bell. Hosp., '13	Waterbury
Green, J. H.	Univ. South, '06	Bridgeport
Greenstein, M. J.	P. & S., N. Y., '04	New Haven
Greenway, J. C., B.A., M.A., Columbia	P. & S., N. Y., '68	Norwalk
Gregory, J. G., B.A., Yale, '65	P. & S., N. Y., '14	Bridgeport
Griffin, D. P.	Jefferson, '14	Bridgeport
Griggs, J. B.	Yale, '97	Hartford
Griswold, A. H., B.A., Harvard, '02	Johns Hopkins, '06	Hartford
Griswold, F. P.	P. & S., N. Y., '76	Meriden
Griswold, J. E.	Univ. N. Y., '79	Rocky Hill
Griswold, R. M.	Univ. N. Y., '75	Kensington
Griswold, W. L., Ph.B., Yale, '81	P. & S., N. Y., '85	Greenwich
Groark, O. J.	Med. Chi., Phila., '16	Bridgeport
Grodzinsky, H. W.	Yale, '17	New Haven
Grosvenor, F. L.	Univ. Buffalo, '00	Hartford
Guild, F. E.	L. I. Hosp. Coll., '85	Windham

Hale, F., B.S., Amherst, '05	P. & S., N. Y., '09	Bridgeport
Hall, C. C., B.A., Bowdoin, '06	Johns Hopkins, '10	Hartford
Hallock, F. K., B.A., Wesleyan, '82;		
M.A., Wesleyan, '85	P. & S., N. Y., '85	Cromwell
Hamant, I. L.	L. I. Hosp. Coll., '90	Norfolk
Hamilton, C. A.	Univ. Vt., '86	Waterbury
Hammond, S. M.	Yale, '96	Hartford
Hanchett, H. B.	Jefferson, '05	Torrington
Hanley, J. P.	Cornell, '06	Stafford Springs
Hanrahan, W. R.	P. & S., Balt., '05	Bristol
Harnden, F.	Cornell, '07	West Hartford
Harrington, A. T., B.A., Yale, '94	Harvard, '10	Hartford
Harrington, J. L.	Jefferson, '03	Hartford
Harrison, J. F.	Jefferson, '03	Stamford
Hart, B. I., B.A., N. Y. Univ., '00	P. & S., N. Y., '04	Bridgeport
Harten, J. A.	Balt. Med., '10	New Haven
Hartnett, J. D.	Balt. Med., '11	Winsted
Hartshorn, W. E., Ph.B., Colo. Coll., '95	Univ. Minn., '98	New Haven
Harvey, C. C., B.S., Wesleyan, '12	Cornell, '16	Middletown
Harvey, E. R.	Balt. Med., '02	Seymour
Harvey, S. C., Ph.B., Yale, '07	Yale, '11	New Haven
Hatheway, C. M.	Bellevue, '03	Hartford
Havey, L. A.	Univ. Vt., '10	Bridgeport
Haviland, C. F.	Univ. Syracuse, '96	Albany, N. Y.
Hawkes, W. W., B.A., Yale, '79	Yale, '81	New Haven
Hawley, G. W., Ph.B., Yale, '96	Cornell, '99	Bridgeport
Hayes, J. F.	Univ. N. Y., '79	Waterbury
Hazen, R., B.A., Univ. Vt., '96	Univ. Vt., '98	Thomaston
Heady, C. K.	Jefferson, '13	Milford
Healey, T. F.	L. I. Med. Coll., '08	Stamford
Healy, T. F.	Niagara, '93	Bridgeport
Hendel, I.	Jefferson, '17	New London
Henderson, A. C., B.S., Amherst, '99	P. & S., N. Y., '03	Stamford
Hendricks, A. L.	Yale, '07	New Haven
Hendry, W. E.	Albany, '89	Willimantic
Henkle, E. A.	Cornell, '99	New London
Henze, C. W.	Yale, '00	New Haven
Hepburn, T. N., B.A., Randolph Macon Coll., Va., '00; M.A., '01	Johns Hopkins, '05	Hartford
Herr, E. A., B.A., Dartmouth, '06	Univ. Vt., '09	Waterbury
Hersey, H. W., B.S., Harvard	Harvard, '08	New Haven
Hershman, A. A.	Yale, '08	New Haven
Hertzberg, G. R.	Dartmouth, '99	Stamford
Hessler, H. P.	Yale, '03	New Haven
Heublein, A. C.	P. & S., N. Y., '02	Hartford
Hewitt, A. F.	Univ. Syracuse, '14	Stamford
Heyer, H. H.	Univ. N. Y., '87	New London
Hibbard, N., B.A., Brown, '78	Harvard, '82	Danielson
Higgins, G. S.	Yale, '01	North Haven
Higgins, H. E.	Univ. N. Y., '96	Norwich
Higgins, J. A.	P. & S., Balt., '07	South Manchester
Higgins, W. L.	Univ. N. Y., '90	South Coventry
Hill, W. M.	Univ. Va., '97	Noank
Hills, L. H.	Wom. Med. Coll., '96	Willimantic
Hippolitus, P. D.	Yale, '12	Bridgeport

Hirata, I.	Yale, '12	New Haven
Hodgson, T. C., M.B., Toronto, '94	Trinity Med. Coll., '94	Berlin
Hogan, W. J.	Yale, '98	Torrington
Holbrook, C. W., M.A., Amherst, '93	Yale, '96	East Haven
Holmes, LeV.	Boston Univ. Homeo. Sc. of Med., '04, So. Manchester	
Honeij, J. A.	Tufts, '07	Boston, Mass.
Horn, M. I., Med. Coll. N. Y., '12	N. Y. Homeo. Med. Coll., '13	Bridgeport
Horwitz, M. T.	Md. Med. Coll., '13	Bridgeport
House, A. L.	Yale, '95	Stamford
Howard, A. W.	Univ. N. Y., '90	Wethersfield
Howard, J. H.	Georgetown, '18	Bridgeport
Howland, DeR.	P. & S., N. Y., '06	Stratford
Howland, E. J.	Univ. Vt., '11	Colchester
Hulbert, W. S.	Univ. N. Y., '80	Winsted
Huntington, S. H.	Yale, '76	Norwalk
Hurlbutt, A. M.	P. & S., N. Y., '79	Stamford
Hurwitz, H. M.	Yale, '12	Hartford
Hutchinson, J. E., B.A., Ohio State Univ., '09	Johns Hopkins, '05	Hartford
Hyde, C. E.	Yale, '10	Bridgeport
Hyde, F. C.	Univ. Mich., '00	Greenwich
Hyde, H. B.	Univ. Mich., '00	Greenwich
Hynes, F. H.	Tufts, '13	New Haven
Hynes, T. V.	Yale, '00	New Haven
Ingalls, P. H., B.A., Bowdoin, '77;		
M.A., Bowdoin, '85	P. & S., N. Y., '80	Hartford
Irving, S. W.	Yale, '91	New Britain
Ives, E. B.	Yale, '03	Bridgeport
Ives, J. W.	Yale, '00	Milford
Jackowitz, G.	Boston Univ. Med. Coll., '07	New Haven
Jackson, A. J.	P. & S., N. Y., '15	Waterbury
Jackson, C. W.	Univ. N. Y., '87	Watertown
James, G. R.	Yale, '10	New Haven
Jarvis, H. G., B.A., Yale, '06	Johns Hopkins, '10	Hartford
Jenkins, C. A.	Balt. Med. Coll., '11	Willimantic
Jennings, F. B., B.A., Yale, '10	P. & S., N. Y., '12	Bristol
Jennings, G. H.	L. I. Hosp. Coll., '75	Jewett City
Jennings, W. B.	Univ. N. Y., '98	Middletown
Johnson, E. H.	Univ. Vt., '88	Naugatuck
Johnson, E. H.	Univ. Md., '00	Waterbury
Johnson, E. M.	Yale, '14	New Haven
Johnson, J. M.	L. I. Hosp. Coll., '95	Bridgeport
Joslin, G. H.	Univ. Vt., '87	Mt. Carmel
Judson, W. H.	Jefferson, '78	Danielson
Kane, G. C.	Fordham, '18	Hartford
Kane, J. H.	Md. Med. Coll., '04	Thomaston
Kane, T. F.	Bellevue, '87	Hartford
Kaufman, C.	Jefferson, '19	New London
Keating, H. F.	Yale, '08	New Haven
Keating, W. P. S.	Jefferson, '99	Willimantic
Keeler, C. B.	Hahn., Chicago, '88	New Canaan
Keeler, M. G.	N. Y. Homeo., '16	Springdale
Keith, A. R., B.A., Colby, '97	Harvard, '03	Hartford
Kellogg, H. K. W., B.S., Amherst, '89	P. & S., N. Y., '03	Norwalk

Kelly, C. C., B.S., Davidson, '09	Johns Hopkins, '14	Hartford
Kelsey, E. R.	Univ. Md., '01	Winsted
Keniston, J. M.	Harvard, '71	Portland, Me.
Kennedy, P. B.	Bellevue, N. Y., '95	Derby
Kennedy, W. C.	Georgetown, '10	Torrington
Kent, J. B.	Harvard, '60	Putnam
Kibbe, S. V., B.A., Harvard, '07	Harvard, '15	New York City
Kilbourn, C. L.	Yale, '97	New Haven
Kilbourn, J. A.	P. & S., Balt., '97	Hartford
Kilbourn, J. B.	P. & S., Balt., '11	Hartford
Kilmartin, T. J.	Univ. N. Y., '95	Waterbury
Kingman, E. L.	Yale, '94	Newtown
Kingman, J. H., B.A., Yale, '82	P. & S., N. Y., '85	Middletown
Kingsbury, C. H.	Univ. Vt., '99	Danielson
Kingsbury, I. W., B.A., Harvard, '96	P. & S., N. Y., '03	Hartford
Kirby, F. A.	Columbian Univ., Wash., D. C., '95	New Haven
Kirschbaum, E. H.	Yale, '12	Waterbury
Klein, J. M.	Univ. Vt., '09	New Britain
Kleiner, I.	Yale, '08	New Haven
Kleiner, S. B., Ph.B., Yale, '11	Yale, '15	New Haven
Knapp, C. W.	P. & S., N. Y., '12	Greenwich
Knight, W. W.	Univ. N. Y., '76	Hartford
Knowlton, D. J., B.A., Harvard	Harvard, '12	Greenwich
Kowalewski, V. A., B.A., Yale, '99	Yale, '02	West Haven
Labovitz, N., Ph.B., Yale	P. & S., N. Y., '19	New Haven
La Field, W. A.	N. Y. Homeo., '05	Bridgeport
Lamarche, G. T.	Victoria, '87	Putnam
Lambert, H. B.	Jefferson, '09	Bridgeport
Lampson, E. R., B.A., Trinity, '91	P. & S., N. Y., '96	Hartford
LaMoure, C. TenE.	Albany, '94	Mansfield Depot
Lamy, E. D.	N. Y. Homeo., '12	Stamford
Landry, A. B.	Jefferson, '09	Hartford
Lane, J. E., B.A., Yale, '94; M.A., Yale, '97	Yale, '03	New Haven
Lang, W. P.	Hahn, Phila., '01	New Haven
LaPierre, A. J.	Univ. Vt., '10	Norwich
LaPierre, L. F.	Yale, '01	Norwich
La Pointe, J. W. H.	Laval Univ., Montreal, '92	Meriden
Lawlor, M. J., Holy Cross, '02	P. & S., N. Y., '06	Waterbury
Lawson, G. N., B.A., Yale, '90	Yale, '92	Middle Haddam
Lawson, S. J.	Univ. Va., '05	New London
Lawton, F. L., Ph.B., Yale, '90	Yale, '93	Hartford
Lawton, R. J.	Md. Med., '08	Terryville
Lay, W. S.	Yale, '01	Hamden
Leak, R. L.	Albany, '98	Middletown
Lear, M.	Yale, '11	New Haven
Lee, F. H.	Albany, '88	Canaan
Lee, H. M.	Columbia, '98	New London
Leichner, W.	Balt. Med. Coll., '10	Hartford
Lemmer, G. E.	Bellevue, '85	Danbury
Lena, H. F., B.A., Dartmouth, '12	Johns Hopkins, '16	New London
Leonard, G. A.		Waterbury
Leverty, C. J.	N. Y. Univ. & Bell., '01	Bridgeport
Levy, D. F., Ph.B., Yale, '15	Yale, '19	New Haven
Levy, L. H., Ph.B., Yale, '04; M.S., Yale, '06	Yale, '11	New Haven

Lewis, D. M., B.A., Yale, '97	Johns Hopkins, '01	New Haven
Lewis, G. F., B.A., Trinity, '77	Yale, '84	Stratford
Licht, W. H., B.S., Trinity, '07	Johns Hopkins, '11	Waterbury
Linde, J. I.	Yale, '08	New Haven
Lindsley, C. P., Ph.B., Yale, '75	Yale, '78	New Haven
Little, H. C.	Yale, '10	Willimantic
Locke, H. L. F.	Tufts, '12	Hartford
Lockhart, R. A.	Yale, '91	Bridgeport
Lockwood, H. DeF.	Yale, '01	Meriden
Loewe, L. J., M.D.V., Harvard, '98	Tufts, '01	Reading, Mass.
Loomis, F. N., B.A., Yale, '81	Yale, '83	Derby
Lord, S. A.	Harvard, '94	Concord, Mass.
Loveland, E. K.	Yale, '97	Watertown
Loveland, J. E., B.A., Wesleyan, '89	Harvard, '92	Middletown
Luhy, J. F., Ph.B., Yale, '76	P. & S., N. Y., '78	New Haven
Ludington, N. A.	Yale, '01	New Haven
Lundberg, G. A. F.	Jefferson, '19	South Manchester
Luther, C. V.	Wom. Med. Coll., Pa., '85	Old Saybrook
Lyman, D. R.	Univ. Va., '99	Wallingford
Lynch, E. J.	Univ. Penn., '09	Shelton
Lynch, J. C.	Univ. N. Y., '86	Bridgeport
Lynch, J. F.	P. & S., Balt., '13	Hartford
Lynch, R. J.	Bellevue, '97	Bridgeport
MacLean, D. R.	Balt. Med. Coll., '01	Stamford
MacNish, J. F., B.A., Bates	Yale, '17	New Haven
Madden, L. I., B.A., Clark, '05	Harvard, '10	Hartford
Maher, J. S., Ph.B., Yale, '92	Yale, '96	New Haven
Maher, S. J.	Yale, '87	New Haven
Mailhouse, M., Ph.B., Yale, '76	Yale, '78	New Haven
Maine, T. P.	Med. Chi., '12	North Stonington
Maislen, S.	Bellevue, '14	Hartford
Maitland, D. L.	Univ. Pcn., '95	Middletown
Maloney, D. J.	Univ. N. Y., '96	Waterbury
Maloney, M. W.	Jeff. Med. Coll., Phila., '97	New Britain
Mann, F. J., Ph.B., Yale, '90	Univ. Buffalo, '93	New Britain
Marantz, B. C.	Maryland Med., '12	New Haven
Marcy, R. A.	N. Y. Univ. Med. Coll., '82	Litchfield
Mariani, N. A.	Univ. Naples, '93	New Haven
Marsh, A. D.	Yale, '08	Hampton
Marsh, A. W.	Univ. Vt., '82	New Haven
Martelle, H. A., B.A., Bowdoin, '01	Johns Hopkins, '05	Hartford
Mason, L. I.	P. & S., N. Y., '91	Willimantic
Massa, A. F., B.A., Yale	Yale, '18	New Haven
May, G. W.	Milwaukee Med. Coll., '95	So. Manchester
Mayberry, F. H.	Univ. Vt., '85	East Hartford
Maynard, H. H., B.A., Amherst, '11	Yale, '16	New Haven
McCarthy, D. J.	P. & S., Balt., '06	Bridgeport
McClellan, W. E.	Toronto, '04	Hartford
McCook, J. B., B.S., Trinity, '90	P. & S., N. Y., '94	Hartford
McDermott, T. S.	Yale, '98	New Haven
McDonald, A. F.	P. & S., N. Y., '05	Waterbury
McDonald, W., Jr., Ph.B., Brown	P. & S., N. Y., '99	New Haven
McDonnell, R. A., B.A., Yale, '90	Yale, '92	New Haven

McElman, H. W.	Boston Univ., '10	Meriden
McFarland, D. W.	Univ. N. Y., '85	Greens Farms
McGaughey, J. D.	Jefferson, '10	Wallingford
McGinley, W. E.	P. & S., Balt., '14	New London
McGovern, E. F.	Univ. Balt., '01	Bridgeport
McGrath, J. H.	Yale, '08	Waterbury
McGuire, F. J.	Yale, '97	New Haven
McGuire, W. C.	Yale, '09	New Haven
McIntosh, E. F.	Yale, '97	New Haven
McIntosh, J. F.		Montreal, Can.
McKee, F. L.	P. & S., N. Y., '99	Hartford City
McKendree, C. A., B.A., Dartmouth, '07	Dartmouth, '10	New York City
McLarney, T. J.	P. & S., Balt., '97	Waterbury
McLaughlin, J. H.	P. & S., Balt., '09	Jewett City
McLinden, J. J.	Univ. Penn., '98	Waterbury
McNeil, R.	Yale, '62	South Salem, N. Y.
McPartland, P. F.	Balt. Med. Coll., '05	Hartford
McPherson, S. H.	Tufts, '13	Hartford
McQueen, A. S.	Yale, '01	Branford
McQueeney, A.	Yale, '05	Bridgeport
Mead, K. C.	Wom. Med. Coll., Pa., '88	Middletown
Meagher, W. F.	Univ. Vt., '99	Hartford
Meeks, H. A.	Bellevue, '90	Meriden
Mendillo, A. J.	Yale, '07	New Haven
Mercer, C. H.	Md. Med. Coll., '05	Ansonia
Merrill, W. T., B.A., Dartmouth, '87	Dartmouth, '90	Washington, D. C.
Metcalf, E. H.	Jefferson, '14	Rockville
Meyers, A. H.	Med. Chi., Phila., '03	Mystic
Miles, H. S., Ph.G., N. Y., '88	P. & S., N. Y., '91	Bridgeport
Miller, G. R.	P. & S., Balt., '86	Hartford
Miller, J. R.	Johns Hopkins, '11	Hartford
Miller, W. R.	Albany, '98	Hartford
Minor, G. M.	L. I. Hosp. Coll., '85	Waterford
Mitchell, J. T.	Univ. N. Y., '91	Middletown
Molumphy, D. J.	Jefferson, '06	Hartford
Monagan, C. A., B.S., Trinity, '93	Univ. Penn., '98	Waterbury
Moore, D. DeC. Y.	N. Y. Homeo. Med. Sc., '95, So. Manchester	
Moore, H.	Univ. Vt., '98	Stafford Springs
Moore, H. D.	Hahn., Phila., '93	Danbury
Moore, H. D.	Bellevue, '97	Torrington
Morgan, W. D., B.A., Trinity, '72	P. & S., N. Y., '76	Hartford
Moriarty, J. L.	Harvard, '96	Waterbury
Morrell, F. A.	L. I. Hosp. Coll., '85	Putnam
Morriß, W. H.	Johns Hopkins, '12	Wallingford
Morrissey, M. J.	P. & S., Balt., '97	Hartford
Morrissey, W. T., B.A., Holy Cross Coll.	Baltimore, '09	New Britain
Morse, A.	Johns Hopkins, '06	New Haven
Moser, O. A.	Yale, '02	Rocky Hill
Mountain, J. H.	Jefferson, '96	Middletown
Mullins, S. F.	Bellevue, '06	Danbury
Munger, C. E., Ph.B., Yale, '80	P. & S., N. Y., '83	Waterbury
Murdock, T. P.	Balt. Med., '10	Meriden
Murphy, B. P.	Jefferson, '96	Putnam
Murphy, J.	Univ. Penn., '95	Middletown
Murphy, J. A.	N. Y. Univ., '97	New Haven

Murphy, J. E.	Med. Chi., Phila., '09	Hartford
Murray, H. J., Jr.	Jefferson, '16	Stamford
Murray, T. J.	Univ. Md. Med., '10	New London
Nadler, A. G., B.A., Yale, '93	Yale, '96	New Haven
Nahum, L. H., Ph.B., Yale	Yale, '16	New Haven
Naylor, J. H.	Univ. Vt., '95	Hartford
Nemoitin, J.	P. & S., N. Y., '05	Stamford
Nettleton, F. I., Ph.B., Yale, '94	Yale, '97	Shelton
Nettleton, I. LaF.	L. I. Hosp. Coll., '98	Bridgeport
Neumann, H. A.	L. I. Hosp. Coll., '09	Bridgeport
Nichols, R. W., Ph.B., Yale, '08	Johns Hopkins, '12	Rochester, Minn.
Nickum, J. S.	Tufts, '18	Bridgeport
Nolan, D. A., Ph.G., Phil., '93	Med. Chir., Phila., '95	Middletown
Nolan, J. M.	P. & S., Balt., '94	Westport
North, J. H.	L. I. Hosp. Coll., '73	West Cornwall
Notkins, L. A.	Yale, '03	New Haven
Noxon, G. H.	Balt. Med. Coll., '93	Darien
Nugent, H. W.	Hahn., Phila., '10	New Haven
Ober, G. E.	Univ. Vt., '90	Bridgeport
O'Brasky, G. H.	Jefferson, '20	New Haven
O'Brien, F. J.	Fordham, '13	Middletown
O'Brien, J. F.	Yale, '08	Niantic
O'Brien, J. F.	Univ. Vt., '13	Hartford
O'Brien, T. F.	P. & S., Univ. Md., '16	Hartford
O'Brien, W. H. J., Ph.B., Yale, '08	Yale, '12	New Haven
O'Connell, J. G.	Tufts, '17	Bridgeport
O'Connell, T. S.	P. & S., Balt., '92	East Hartford
O'Connor, P. T.	Bellevue, '92	Waterbury
O'Flaherty, E. P.	Cornell, '01	Hartford
O'Hara, W. J. A.	P. & S., Balt., '93	Bridgeport
O'Loughlin, T. F.	Univ. N. Y., '06	Rockville
Oman, A. S.	Glasgow, Scotland, '99	Southington
Onderdonk, H. J.	Univ. N. Y., '97	East Hartford
O'Neill, O.	Jefferson, '04	Willimantic
O'Neil, W. H.	Balt. Med. Coll., '11	Ansonia
Osborn, S. H., C.P.H., Harvard, '15	Tufts, '14	Hartford
Osborne, O. T., M.A., Yale, '99	Yale, '84	New Haven
O'Shaughnessy, E. J.	Bellevue, '99	New Canaan
Otis, F. N.	Tufts, '18	Meriden
Otis, I. S.	George Washington Univ., '17	Meriden
Otis, S. D.	Univ. N. Y., '77	Meriden
Outerson, A. M.	Jefferson, '06	Hartford
Outerson, R. A.	Jefferson, '02	Hartford
Overlock, S. B., B.A., Colby, '86	Bellevue, '89	Pomfret
Owens, W. T.	Univ. Vt., '99	Hartford
Paine, R. C.	Dartmouth, '00	Thompson
Page, C. I.	P. & S., N. Y., '90	Litchfield
Page, C. W.	Harvard, '10	Hartford
Park, C. E.	Yale, '81	New Haven
Park, P. A.	Iowa, '10	Bristol
Parker, E. O., B.A., Harvard, '91	P. & S., N. Y., '96	Greenwich
Parker, J. W.	Yale, '06	Hartford

Parlato, M. A.	Yale, '08	Derby
Parmelee, B. M.	Univ. Vt., '19	Bridgeport
Parmelee, E. K.	L. I. Hosp. Coll., '89	Ansonia
Partree, H. T., B.A., Yale, '87	Yale, '92	Torrington
Pasuth, B. C.	Univ. Md., '16	Bridgeport
Patterson, D. C.	P. & S., Balt., '06	Bridgeport
Peck, F. J.	Univ. Mich., '92	Ansonia
Peck, R. E., Ph.B., Yale, '90	Yale, '93	New Haven
Peckham, L. C.	Wom. Med. Coll., Pa., '85	New Haven
Pendleton, C. E.	Yale, '03	Colchester
Perkins, C. H.	P. & S., N. Y., '91	Norwich
Perreault, J. N.	Tufts, '07	Danielson
Perry, E. F.	L. I. Hosp. Coll., '97	Putnam
Perry, M. J.	Wom. Med. Coll., N. Y., '03	Norwalk
Peters, H. LeB., B.A., Univ. N. B.	McGill, '07	Bridgeport
Phelps, C. D., B.A., Amherst, '89;		
M.A., Amherst, '97	P. & S., N. Y., '95	West Haven
Phelps, S. E.	McGill, '99	Farmington
Phillips, A. N.	P. & S., N. Y., '83	Stamford
Phillips, F. L., Ph.B., Yale, '02	Yale, '06	New Haven
Phillips, K. T.	Tufts, '19	Putnam
Pierce, E. W.	Univ. N. Y., '85	Meriden
Pierson, J. C.	Tufts, '03	Hartford
Pierson, S.	P. & S., N. Y., '81	Stamford
Pike, E. R.	Univ. Mich., '98	East Woodstock
Pinney, A. W.	Ilahm. Med. Coll., Phila., '00	Norfolk
Pinney, R. W.	P. & S., N. Y., '88	Derby
Pitman, E. P., B.A., Dart., '86	Dartmouth, '91	New Haven
Platt, W. L.	P. & S., N. Y., '81	Torrington
Plumstead, M. W.	Jefferson, '87	East Haddam
Plunkett, T. F.	L. I. Coll. Hosp., '08	Derby
Pomeroy, N. A.	P. & S., N. Y., '96	Waterbury
Pons, L. J.	Univ. Vt., '85	Devon
Porter, D. W., B.A., Yale, '08	Harvard, '12	New Haven
Porter, I. N., B.A., Lincoln, '90	Yale, '93	New Haven
Porter, W., Jr.	Chicago Med. Coll., '81	Hartford
Potter, F. E.	P. & S., N. Y., '89	Portland
Powers, J. T. H.	P. & S., Balt., '10	Bridgeport
Pratt, A. M.	Bellevue, '92	Deep River
Pratt, E.	P. & S., N. Y., '87	Torrington
Pratt, E. L.	Univ. N. Y., '84	Winsted
Pratt, L. I.	Que., '79	Taftville
Pratt, N. T., B.A., Trinity, '94;		
M.A., Trinity, '97	Yale, '04	Bridgeport
Prince, A. L.	Yale, '10	Wethersfield
Purdy, A. M.	Univ. Mich., '84	Mystic
Purinton, C. O., Ph.B., Yale, '97	Yale, '00	U. S. Army
Purney, J.	Balt. Med. Coll., '06	New Britain
Pyle, F. W., B.A., Yale, '97	P. & S., N. Y., '02	Bridgeport
Quaglia, M.	N. Y. Homeo., '16	Hartford
Quinlan, R. V.	Balt. Med. Coll., '10	Meriden
Quinn, J. F.	Balt. Med. Coll., '06	Bridgeport
Quinn, R. J.	P. & S., Balt., '13	Waterbury
Quintard, E.	P. & S., N. Y., '87	Norfolk

Radom, F.	Wom. Med. Coll., '12	Hartford
Rand, R. F., Pb.B., Yale, '95	Johns Hopkins, '00	New Haven
Randall, W. S., Ph.B., Yale, '83	P. & S., N. Y., '86	Shelton
Reade, E. G.	Jefferson, '16	Watertown
Reardon, W. F.	Bellevue, '09	Hartford
Reeks, T. E.	Univ. Md., '01	New Britain
Reich, U. S.	Univ. Va., '09	Bridgeport
Reidy, D. D.	Mcd. Chi., Phila., '99	Winsted
Reidy, M. J.	P. & S., N. Y., '10	Winsted
Reilly, F. H.	Yale, '97	New Haven
Reilly, J. M.	Yale, '78	New Haven
Reilly, W. A.	Bellevue, '98	Naugatuck
Reinert, E. G.	Balt. Med. Coll., '95	Hartford
Reynolds, H. S., B.S., Union Coll., '11	Albany Med., '14	Hartford
Reynolds, H. St.C.	Yale, '10	South Manchester
Rice, R. W.	P. & S., Balt., '09	Hartford
Rice, W. E.	Univ. Mich., '72	Stamford
Richardson, D. A.	Yale, '81	Derby
Richardson, R. A.	Univ. Vt., '14	Bristol
Rinde, H., N. Dakota, '02	Johns Hopkins, '08	Middletown
Ridge, M. P.	P. & S., Cleveland, '05	Madison
Ring, H. W., B.A., Bowdoin, '79;		
M.A., Bowdoin, '82	Me. Med. Coll., '87	New Haven
Riordan, M. D.	Univ. Vt., '12	Willimantic
Rising, H. B.	Yale, '95	South Glastonbury
Robbins, B. B.	Univ. N. Y., '94	Bristol
Robbins, C. H.	Balt. Med. Coll., '95	Redlands, Cal.
Robbins, J. W.	Bellevue, '80	Naugatuck
Roberts, E. R.	Bowdoin, '13	Bridgeport
Robinson, M. P.	Yale, '95	Windsor Locks
Robinson, P. S., Ph.B., Yale, '89	Yale, '01	New Haven
Roch, E.	Victoria School, Montreal, North Grosvenordale	
Roche, A. F., B.S., Georgetown, '15	Georgetown, '17	Bristol
Roche, T. J.	P. & S., Balt., '11	Bridgeport
Rockwell, T. F.	Univ. N. Y., '81	Rockville
Rodman, C. S.	P. & S., N. Y., '68	Waterbury
Rogers, J. F.	Yale, '05	Wilton
Rogers, O. F., Jr., B.A., Harvard, '08	Harvard, '12	New Haven
Rogers, P. H.	Yale, '12	West Haven
Rogers, T. W.	P. & S., N. Y., '90	New London
Ronayne, F. J.	Yale, '04	U. S. Army
Rooney, J. F.	Balt. Med. Coll., '03	Hartford
Root, E. K.	Univ. N. Y., '79	Hartford
Root, J. E., B.S., Boston Univ., '76	P. & S., N. Y., '83	Hartford
Root, J. H., Ph.B.	Harvard, '18	Waterbury
Rowe, M. J.	P. & S., Balt., '96	Bridgeport
Rowley, A. M.	Univ. Vt., '97	Hartford
Rowley, J. C., B.A., Harvard, '02	Harvard, '06	Hartford
Rowley, R. L.	Yale, '03	Hartford
Ruland, F. D.	P. & S., N. Y., '89	Westport
Russ, H. C., B.A., Yale, '02	Johns Hopkins, '06	Hartford
Russell, E.	Univ. Penn., '04	Waterbury
Russell, G. G., B.A., Harvard	Harvard, '19	Hartford
Russell, G. W.	Bellevue, '96	Waterbury
Russell, J. J.	N. Y. Homeo. Coll., '87	Putnam

Russell, T. H., Ph.B., Yale, '06	Yale, '10	New Haven
Russo, J. D., Ph.B., Yale, '12	Yale, '16	New Haven
Ryan, P. J.	Niagara, '98	Hartford
Ryan, T. M., B.A., Loyola Coll.	Balt. Med. Coll., '02	Torrington
Ryder, R. H.	P. & S., Balt., '13	Waterbury
Ryder, W. H.	Jefferson, '20	New Haven
Sagarino, J. F., Ph.B., Yale, '09	P. & S., N. Y., '13	Hartford
Sanford, C. E.	Yale, '06	New Haven
Sanford, L. C., B.A., Yale, '90	Yale, '93	New Haven
Sanford, W. H.	Balt. Med. Coll., '95	New Haven
Sansone, N. M.	Denver Med. Coll., '02	Bridgeport
Scarborough, M. McR., B.A., Univ. of Oregon, '02; M.A., Yale, '05	Yale, '07	New Haven
Schaefer, J.	Tufts, '17	Hartford
Schavoir, F.	P. & S., Balt., '87	Stamford
Scholl, R. F.	Yale, '12	New Haven
Schulz, H. S.	Hahn., Phila., '01	Bridgeport
Scofield, E. J. S.	Univ. N. C., '08	Danbury
Seahury, R. B.	Harvard, '18	New Haven
Sedgwick, J. T.	Univ. N. Y., '81	Litchfield
Segnalla, E.	Yale, '12	New Haven
Segur, G. C.	P. & S., N. Y., '82	Hartford
Sexton, L. A.	Vanderbilt, '06	Hartford
Shaffer, A.	Univ. Penn., '18	Hartford
Shannon, T. I.	Balt. Med., '99	Lakeville
Sharpe, E. T.	Univ. N. Y., '95	Derby
Sharpe, H. R.	Univ. Vt., '00	Manchester
Shea, D. E.	Loyola, '17	Hartford
Shea, J. F.	P. & S., Balt., '11	Bridgeport
Sheahan, M. J.	Yale, '96	New Haven
Sheahan, W. L.	P. & S., Balt., '12	New Haven
Sheehan, M. T.	Yale, '10	Wallingford
Shelton, G. A., M.A. (Hon.), Yale, '91	Yale, '69	Shelton
Sherer, H. C.	Univ. N. Y., '92	South Norwalk
Sherrill, G.	P. & S., '91	Stamford
Shirk, S. M.	Hahn., Phila., '97	Stamford
Simmons, W. N.	Univ. Vt., '89	Tolland
Simonds, C. E.	Univ. N. Y., '97	Willimantic
Simonson, L.	Tufts, '08	Bridgeport
Simonton, F. F.	Me. Med. Sc., '03	Thompsonville
Simpson, F. T., B.A., Yale, '79	Bowdoin, '84	Hartford
Skiff, F. S.	Univ. N. Y., '88	Falls Village
Skiff, S. E.	Hahn., Phila., '03	New Haven
Skiff, W. C.	Yale, '91	New Haven
Skinner, C. E., LL.D., Rutherford, '91	Yale, '91	New York City & New Haven
Slattery, M. D.	Yale, '93	New Haven
Sloan, T. G.	P. & S., N. Y., '99	South Manchester
Smail, M. L.	Univ. Vt., '93	New London
Smirnow, M. R.	Yale, '06	New Haven
Smith, A. C.	P. & S., Balt., '10	Danbury
Smith, C. F.	N. Y. Homeo. Coll., '84	Wallingford
Smith, D., B.A., Yale, '96	Yale, '99	Bridgeport
Smith, D. P., B.A., Yale, '10	Yale, '12	Meriden
Smith, E. H., B.A., Amherst, '85	P. & S., N. Y., '89	Redding

Smith, E. L.	Yale, '96.	Waterbury
Smith, E. T., M.A., Trinity, '03 Hon.	Yale, '97.	Hartford
Smith, E. W., B.A., Yale, '78	McGill, Mont., '82.	Meriden
Smith, F. DeW.	Hahn, '10.	Guilford
Smith, F. L.	Univ. N. Y., '75.	Stafford Springs
Smith, F. L.	Albany, '83.	address unknown
Smith, F. M.	Univ. Vt., '11.	Willimantic
Smith, F. S., B.A., Yale, '79	Yale, '82.	Chester
Smith, G. A., B.A., Yale, '03	Johns Hopkins, '07.	Long Hill
Smith, G. M., B.A., Yale, '01	P. & S., N. Y., '05.	Waterbury
Smith, H. H.	Jefferson, '77.	New Haven
Smith, M.	Univ. N. Y., '83.	New Haven
Smith, S. R.	Med. Chir., Phila., '16.	Bridgeport
Smith, W. E.	Univ. Mich., '10.	Stamford
Smykowski, B. L.	Balt. Med., '11.	Bridgeport
Smyth, H. E.	McGill Univ., '84.	Bridgeport
Sohn, B. J.	Boston Univ., '15.	Norwich
Soltz, T.	Jefferson, '11.	New London
Sperry, F. N.	Yale, '94.	New Haven
Spicer, E.	Yale, '05.	Waterbury
Spier, S. L.	Yale, '04.	New Haven
Spillane, B., B.A., Dartmouth	Tufts, '06.	Hartford
Sprague, C. H.	P. & S., N. Y., '04.	Bridgeport
Stahl, W. M.	Univ. Md., '14.	Danbury
Standish, F. B.	Yale, '03.	New Haven
Standish, J. H.	Univ. N. Y., '95.	Hartford
Stanley, C. E.	Univ. Penn., '76.	Middletown
Stanton, J. G., B.A., Amherst, '70	Wurtzburg, '73.	New London
Starr, R. S., B.A., Trinity, '97;		
M.A., Trinity, '00	P. & S., N. Y., '01.	Hartford
Stauth, G. E.	L. I. Hosp. Coll., '93.	New Milford
Staub, J. H.	L. I. Hosp. Coll., '99.	Stamford
Steadman, W. G.	Bellevue, '74.	Southington
Steele, H. M., Ph.B., Yale, '94	Johns Hopkins, '02.	New Haven
Steiner, W. R., B.A., Yale, '92;		
M.A., Yale, '95	Johns Hopkins, '98.	Hartford
Stern, C. S., B.A., C. C. N. Y., '88	Bellevue, '91.	Hartford
Stetson, J. E.	Yale, '81.	New Haven
Stetson, P. R.	Yale, '02.	New Haven
Stevens, C. N.	Tufts, '98.	West Cornwall
Stevens, F. W.	Yale, '00.	Bridgeport
Stewart, H. E.	Yale, '10.	New Haven
Stillman, C. K.	P. & S., N. Y., '04.	Mystic
St. Lawrence, A. J., Ph.B., Yale.	Fordham, '18.	New Haven
Stockwell, W. M.	Univ. Penn., '04.	Hartford
Stoil, H. F.	P. & S., N. Y., '02.	Hartford
Storrs, E. R.	Jefferson, '90.	Hartford
Strang, R. H. W.	Univ. Penn., '04.	Bridgeport
Stratton, E. A.	N. Y. Univ., '83.	Danbury
Strauss, M. J., B.A., Yale, '14	P. & S., N. Y., '17.	New Haven
Stretch, J.	Univ. Richmond, Va., '01.	Simsbury
Stringfield, O. L., B.S., Wake Forest		
Coll., N. C.	Univ. N. Y., '16.	Springdale
Strohel, J. E.	Temple, '09.	Hartford
Strosser, II.	Univ. Berlin, '84.	New Britain

Sullivan, D.	Univ. N. Y., '97	New London
Sullivan, D. E.	Balt. Med., '10	South Norwalk
Sullivan, D. F., B.A., Niagara Univ., '89;		
LL.D., Niagara Univ., '20	Niagara Univ., '91	Hartford
Sullivan, J. B., Yale, '03	Yale, '06	New Haven
Sullivan, J. F., B.A., Yale, '90	P. & S., N. Y., '94	New Haven
Sullivan, M. J.	Cornell, '00	Meriden
Sunderland, P. U.	N. Y. Hom. Med., '94	Danbury
Sussler, D.	Fordham, '16	Taftville
Swain, H. L.	Yale, '84	New Haven
Swan, H. C.	Tufts, '03	Hartford
Sweet, G. C.	P. & S., Balt., '12	New Haven
Sweet, J. H. T.	Tufts, '12	Hartford
Sweet, W. N., B.A., Yale, '11	P. & S., N. Y., '16	Wallingford
Swenson, A. C.	Yale, '02	Waterbury
Swett, P. P.	Univ. N. Y., '04	Hartford
Sword, B. C.	N. Y. Homeo. Med., '18	New Haven
Tanner, M. J.	Tufts, '18	New Haven
Tanner, W. A.	Univ. Vt., '12	Brooklyn
Taylor, C. C., B.A., Dartmouth	Harvard, '16	Bridgeport
Taylor, J. C.	Univ. Mich., '01	New London
Taylor, M. W.	Tufts, '05	Hartford
Teele, J. E., B.A., Tabor, '85	Wom. Med. Coll., Pa., '88	New Haven
Tenney, A. J., Ph.B., Yale, '77	Yale, '83	Branford
Teplitz, M. M.	Univ. Pittsburgh, '14	Mount Alto, Pa.
Terhune, W. B.	Tulane, '15	New Haven
Thayer, R. B., B.S., Bowdoin, '17	Bowdoin, '20	Somers
Thenebe, C. L.	Univ. Penn., '18	Hartford
Thibault, L. J.	Yale, '00	Waterbury
Thoms, H.	Yale, '10	New Haven
Thomson, T. L.	Hahn., Phil., '01	Torrington
Thompson, E. J.	Wom. Med. Coll., N. Y., Inf., '96	Hartford
Thompson, G.	Me. Med. Coll., '89	Taftville
Thompson, H. G., B.A., Yale, '13	Harvard, '17	Hartford
Thompson, W. N., B.A., Bates, '88	Jefferson, '89	Hartford
Tileston, W., Harvard, '95	Harvard, '99	New Haven
Tingley, W. K.	Bellevue, '86	Norwich
Tinker, W. R.	Univ. N. Y., '80	South Manchester
Todd, F. P.	Boston Univ., '89	Danielson
Todd, H. B.	Boston Univ., '14	New London
Tolles, B. I., B.A., Yale, '01	Yale, '04	Ansonia
Topping, J. R.	Univ. N. Y., '82	Noroton
Tower, A. A., B.A.	P. & S., N. Y., '19	Meriden
Townsend, C. R.	Albany, '95	Bridgeport
Townshend, R., Ph.B., Yale, '00	P. & S., N. Y., '05	New Haven
Tracey, D. W., Ph.B., Yale, '04	Johns Hopkins, '08	Hartford
Tracey, W. J.	Univ. N. Y., '89	Norwalk
Tracey, W. W., Ph.B., Yale, '12;		
M.A., Columbia, '16	P. & S., N. Y., '16	Norwalk
Tracy, R. G.	Yale, '00	New Haven
Treat, W. H.	Yale, '06	Derby
Trecartin, D. M.	Dartmouth, '94	Bridgeport
Truex, E. H.	Univ. Louisville, '08	address unknown
Tuch, M.	Bellevue, '06	Hartford

Tucker, G. E., B.S., Chicago	Med. Chi., Phila., '09	Hartford
Tukey, F. M., B.A., Bowdoin, '91	Harvard, '94	Bridgeport
Turbert, E. J.	Balt. Med. Coll., '04	Hartford
Turkington, C. H., Ph.B., Yale, '03	Johns Hopkins, '07	Litchfield
Turner, A. R., B.A., Amherst, '84	Univ. Paris, '94	Norwalk
Turrill, H. S., Ph.B., Yale, '06	Yale, '10	Kent
Tuttle, A. L.	Albany, '88	Lakeville
Tuttle, C. A., Ph.B., Yale, '88	Yale, '90	New Haven
Tuttle, F. J.	Univ. Vt., '98	Naugatuck
Tynan, J. J.	P. & S., Balt., '07	Torrington
Vail, E. S.	N. Y. Homeo. Med. Coll., '82	Thompsonville
Vail, G. F., B.S., Villanova, '98	Univ. Penn., '02	Hartford
Vail, T. E., Ph.B., Yale, '07	Johns Hopkins, '11	Thompsonville
VanCor, C. A.	Univ. Vt., '14	Middletown
VanStrander, W. H.	Univ. Vt., '00	Hartford
Variell, A. D.	Bowdoin, '94	Waterbury
Vastola, A. P.	Fordham, '12	Waterbury
Verdi, W. F., M.A. (Hon.), Yale, '14	Yale, '94	New Haven
Vernlund, C. F., B.S., S. Dak. State, '09	Harvard, '14	Hartford
Vershbow, N.	Tufts, '19	Hartford
Wadham, S. H.	Yale, '96	care Surg. Gen., U. S. Army
Waite, F. L.	Bellevue, '88	Hartford
Waite, R. L., Ph.B., '05	Johns Hopkins, '09	Hartford
Wales, F. J.	Univ. N. Y., '97	Stepney Depot
Walsh, F. W.	P. & S., Balt., '85	Rockville
Walsh, T. P.	Univ. Vt., '02	Middletown
Ward, H. W.	Balt. Med. Coll., '03	Winsted
Ward, J. W.	P. & S., Balt., '07	Hartford
Warner, C. N.	Jefferson, '96	Litchfield
Warner, G. H.	Yale, '97	Bridgeport
Wason, D. B.	P. & S., N. Y., '00	Bridgeport
Waterhouse, H. E.	P. & S., N. Y., '02	Bridgeport
Waterman, P.	Cornell, '02	Hartford
Waters, J. B.	Univ. Vt., '90	Hartford
Watson, W. C.	L. I. Hosp. Coll., '97	Bridgeport
Watts, J. F.	Georgetown, '12	Bridgeport
Weadon, W. L.	Va. Med. Coll., '05	Bridgeport
Weaver, B. S.	Univ. Mich., '10	Stamford
Webber, E. R.	Jefferson, '14	Waterbury
Weed, A. R.	Univ. Vt., '12	New Haven
Weed, F. A.	Albany, '12	Torrington
Weil, A.	Bellevue, '14	New Haven
Weir, J. M.	Queen's Univ., Kingston, Ont., '91	Hartford
Weise, E. C.	Jefferson, '20	Bridgeport
Welch, H. L., B.A., Yale, '94	Yale, '97	New Haven
Welch, T. F.	Georgetown, '04	Hartford
Welch, W. C.	Yale, '77	New Haven
Weld, S. B., B.A., Dartmouth, '12	Harvard, '16	Hartford
Welden, E. B.	P. & S., Balt., '13	Bridgeport
Weldon, T. H.	Univ. N. Y., '83	South Manchester
Wells, D. B., B.A., Yale, '07	Johns Hopkins, '12	Hartford
Wells, E. A., B.A., Yale, '97	Johns Hopkins, '01	Hartford
Wersehe, F. W.	Univ. N. Y., '98	Washington

Westervelt, M. Z.	Homeo., N. Y., '99	Thompkinsville, S. I.
Wheatley, L. F.	Tufts, '03	New Haven
Wheeler, F. H., B.A., Yale, '80	Yale, '82	New Haven
Wheelock, A. A.	Univ. Vt., '97	New Canaan
Whipple, B. N.	Yale, '07	Bristol
White, B. W.	L. I. Hosp. Coll., '86	Bridgeport
White, H. R.	Yale, '12	New Haven
White, R. C.	Univ. Vt., '89	Willimantic
Whiting, L. C.	Md. Med. Coll., '12	New Haven
Whittemore, E. R., B.A., Yale, '98	P. & S., N. Y., '02	New Haven
Wiedman, O. G.	Univ. Penn., '05	Hartford
Wight, G. D.	Bellevue, '87	Bethel
Wilcox, F. S.	Hahn, Phila., '94	Norwich
Williams, C. M.	P. & S., N. Y., '98	New York
Williams, F. S.	Northwestern, '05	Bridgeport
Wilmot, L. H.	Univ. N. Y., '91	Ansonia
Wilson, F. E.	Univ. Vt., '11	New London
Wilson, J. A.	Jefferson, '19	Meriden
Wilson, J. C.	Univ. Vt., '04	Hartford
Wilson, L. A.	Yale, '10	Meriden
Winne, W. N.	Univ. N. Y., '97	New Haven
Winship, E. O.	Univ. Vt., '00	New London
Winternitz, M. C., B.A., Johns Hopkins;		
M.A., Yale	Johns Hopkins, '07	New Haven
Wiseman, J. I.	P. & S., Balt., '07	Middletown
Wiseman, K. F.	Wom. Med. Coll., Pa., '12	Middletown
Witter, O. R.	P. & S., N. Y., '01	Hartford
Wolff, A. J.	Tex. Med. Coll., '76, Bellevue, '83	Hartford
Woodhouse, L. W.	Jefferson, '16	New York City
Woodruff, T. A.	McGill, '88	New London
Woodward, H. B., B.S., Wesleyan, '08	Johns Hopkins, '12	Terryville
Wooster, C. M.	Univ. N. Y., '79	San Diego, Cal.
Worthen, T. W.	Dartmouth, '11	Hartford
Wrang, W. E.	Jefferson, '19	Middletown
Wright, F. W.	Bellevue, '80	New Haven
Wright, G. H.	P. & S., N. Y., '94	New Milford
Wright, J. W., B.A., Amherst, '77	Univ. N. Y., '80	Bridgeport
Wright, L. H.	Univ. Vt., '18	New Haven
Wunderly, W. S.	Tufts, '19	Bridgeport
Wurtenburg, W. C., Ph.B., Yale, '89	Yale, '93	New Haven
Yergason, R. M.	P. & S., N. Y., '09	Hartford
Young, C. B.	P. & S., N. Y., '94	Middletown
Young, T. H.	Yale, '95	New Haven
Yudkin, A. M., Ph.B., Yale, '14	Yale, '17	New Haven
Zink, C. E., B.A.,	Balt. Univ., '00	Middletown
Zonn, S. I.	Tufts, '17	Boston, Mass.

